

# EXHIBIT A



**CAUSE NO. CC-22-01999-A**

**ANA VASQUEZ,  
PLAINTIFF,**

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§

**IN THE COUNTY COURT**

**v.**

**AT LAW #\_\_\_1\_\_**

**TIMOTHY HILL, INDIVIDUALLY,  
XPO LOGISTICS EXPRESS, LLC  
DEFENDANTS.**

**DALLAS COUNTY, TEXAS**

**PLAINTIFF'S RESPONSE TO DEFENDANT REQUESTS FOR DISCLOSURE**

TO: XPO Logistics Express, LLC, by and through her attorney of record, Mark Scudder, Quilling, Selander, Lownds, Winslett & Moser, P.C. 2001 Bryan St, Suite 1800, Dallas, TX 75201.

TO: Timothy Hill, LLC, 2518 Fox Harbour Drive, Indianapolis, IN 46227.

**NOW COMES**, Plaintiff's, Ana Vasquez, by and through her attorney of record, Jennifer Anne Kinder, serves these attached responses to Request for Disclosure propounded by Defendant, XPO Logistics Express, LLC pursuant to Rule 194.3 of the Texas Rules of Civil Procedure.

Respectfully submitted,

**JENNIFER ANNE KINDER**

3701 W. Northwest Highway  
Building 3, Suite #304  
Dallas, Texas 75220  
Tel. (214) 812-9800  
Fax. (214) 484-2144



By:\_\_\_\_\_



**Jennifer Anne Kinder**  
Texas Bar No. 00787837  
[Jkinder@justcallkinder.net](mailto:Jkinder@justcallkinder.net)

ATTORNEY FOR PLAINTIFF

**CERTIFICATE OF SERVICE**

This is to certify that a true and correct copy of the foregoing Plaintiff's Responses to Defendant, XPO Logistics Express, LLC Request for Disclosure has been sent to all counsel of record and/or parties as listed below on this the 21<sup>st</sup> day of June 2022.



\_\_\_\_\_  
Jennifer Anne Kinder

Quilling, Selander, Lownds, Winslett & Moser, P.C  
Mark S. Scudder  
State Bar No. 17936300  
2001 Bryan Street  
Suite 1800  
Dallas, TX 75201  
Telephone:(214) 871-2100  
Telecopier:(214)871-2111  
Email: [mscudder@qslwm.com](mailto:mscudder@qslwm.com)  
ATTORNEYS FOR DEFENDANT  
XPO LOGISTICS EXPRESS LLC

Timothy Hill  
2518 Fox Harbour Drive  
Indianapolis, IN 46227  
DEFENDANT



**Responses to Requests for Disclosure**

**Rule 194.2(a)** the correct names of the parties to the lawsuit;

**Response:** To the best of Plaintiffs' knowledge, the parties' names are stated correctly.

**Rule 194.2(b)** the name, address, and telephone number of potential parties;

**Response:** None at this time, but Plaintiffs reserves the right to amend this response in accordance with Texas Rule of Civil Procedure 193.5.

**Rule 194.2(c):** the legal theories and, in general, the factual bases of the responding party's claims or defenses.

**Response:** On or about October 23, 2021, in Dallas County, Texas, Defendant's, failed to act as persons of ordinary prudence and collided into the vehicle being operated by Plaintiff, Ana Vasquez. Due to Defendant's, actions and/or omissions, they recklessly crashed into the Plaintiff.

Plaintiff incorporates and refers Defendant to all live pleadings on file with this court.

**Rule 194.2(d):** the amount and any method of calculating economic damages;

**Response:** Plaintiff Ana Vasquez damages are calculated as follows herein below. Actual medical expenses and lost wages incurred so far for Ana Vasquez are in an amount of approximately (will supplement) calculated below as follows:

1. Property Damage	\$5,944.51
2. Advanced Dallas	\$67,601.99
3. Advanced Diagnostics DBA Chopra Imaging	Will Supplement
4. Ideal Pain and Injury	\$11,436.50
5. 2020 X-Ray Imaging	\$870.00
6. Radiology Consultants	\$546.50
7. Total	\$86,399.50

a. Loss of use / a sum to be determined

b. A sum of to be determined, but in excess of the minimum jurisdictional limits of this Court for all reasonable and necessary past medical and pharmaceutical expenses.



- c. A sum for future medical expenses and treatment in an amount to be determined at trial;
- d. Monetary damages for past physical pain and suffering and mental anguish in an amount to be established at trial;
- e. Monetary damages for future physical pain and suffering and mental anguish in an amount to be established at trial;
- g. Past and future physical impairment as determined by a jury;
- h. Past and future disfigurement;
- i. Lost wages;
- j. Loss of earning capacity;
- k. Loss of earning capacity that, in reasonable probability, Plaintiffs will sustain in the future;
- l. Costs of Court;
- m. Pre-Judgment interest on all damages awarded at the highest legal rate;
- n. Post-Judgment interest on all sums awarded herein at the highest legal rate until paid; and
- o. Such other and further relief to which Plaintiffs may be justly entitled at law or in equity, specific or general.

**Plaintiffs reserve the right to supplement said damages as per the Texas Rules of Civil Procedure.**

**Rule 194.2(e):** the name, address and telephone number of persons having knowledge of relevant facts, and a brief statement of each person's connection with the case:

**Response:**    1.    Ana Vasquez  
                              c/o Jennifer Anne Kinder  
                              3701 W. Northwest Highway  
                              Suite #304  
                              Dallas, Texas 75220  
                              (214) 812-9800  
                              [jkinder@justcallkinder.net](mailto:jkinder@justcallkinder.net)



**Plaintiff and Plaintiff's Counsel. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

2. **XPO Logistics Express LLC**  
c/o Mark S. Scudder  
State Bar No. 24101776  
Quilling, Selander, Lownds, Winslett & Moser P.C.  
2001 Bryan Street  
Suite # 1800  
Dallas, Texas 75201  
Tel: 214-871-2100  
Fax: 214-871-2111  
Email: [mscudder@qslwm.com](mailto:mscudder@qslwm.com)

**Defendant and Defendant's Counsel. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

3. **Timothy Hill**  
2518 Harbour Drive  
Indianapolis, IN 46227

**Defendant. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

4. **Officer Joshua Jackson # 145**  
c/o Coppell Police Department  
130 Town Center Blvd  
Coppell, Texas 75019

**Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

5. **Daniel Flores Tovar**  
c/o Jennifer Anne Kinder  
3701 W. Northwest Highway  
Suite #304  
Dallas, Texas 75220  
(214) 812-9800  
[jkinder@justcallkinder.net](mailto:jkinder@justcallkinder.net)

**Plaintiff's husband. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**



**MEDICAL PROVIDERS-**

6. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

**Advanced Dallas Hospital  
7502 Greenville Ave  
Dallas, TX 75231  
(713) 790-1666**

**Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

7. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

**Advanced Dallas DBA Chopra Imaging  
8305 Knight Road  
Houston, TX 77054  
(713)848-4729**

**Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

8. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

**Ideal Pain  
13101 Preston Road  
Suite # 480  
Dallas, TX 75240  
(972) 863-9481**

**Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

9. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

**2020 X-Ray Imaging  
3201 West Airport Frwy  
Suite # 104  
Irving, TX 75062  
(972) 252-7246**



**Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

- 10. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:**

**Radiology Consultants  
5424 Rufe Snow  
Suite # 502  
North Richland Hills, TX 76180  
(817) 572-2560**

**Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.**

**Plaintiffs reserve the right to call at trial any of the following individuals who may have knowledge of relevant facts:**

- 1. Any individual who has been or will be named by any party in answer to any interrogatory;**
- 2. Any individual whose name appears on any document which has been or will be produced by any party in any response to request for production;**
- 3. Any individual whose name is reflected in any document which has been or will be obtained through the use of a medical authorization;**
- 4. Any individual whose name is reflected in any document which has been or will be submitted to the Court by affidavit;**
- 5. Any individual whose name is reflected in any document which has been or will be subpoenaed by any party;**
- 6. Any individual whose name appears in the transcript of any deposition taken in this matter; and**
- 7. Any individual whose name is reflected in any document which has been or will be attached to the transcript of any deposition.**



**Rule 194.2(f):** for any testifying expert:

1.
  - (1) the subject matter on which the expert will testify:
  - (2) the general substance of the expert's mental impressions and opinions and a brief summary of the basis for them, or if the expert is not retained by, employed by, or otherwise subject to the control of Plaintiffs, documents reflecting such information.
  - (3) if the expert is retained by, employed by or otherwise subject to the control of the Plaintiffs:
    - (A) all documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of litigation:
    - (B) the expert's current resume and bibliography.
2.
  - (1)
  - (2) the subject matter on which the expert will testify:
  - (3) the general substance of the expert's mental impressions and opinions and a brief summary of the basis for them, or if the expert is not retained by, employed by, or otherwise subject to the control of Plaintiffs, documents reflecting such information.
  - (4) if the expert is retained by, employed by or otherwise subject to the control of the Plaintiffs:
    - (A) all documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of litigation:
    - (B) the expert's current resume and bibliography.

**Response:** 1) **MEDICAL PROVIDERS-**

**All agents, representatives, treating physicians, nurses, employees,  
and Custodian of Records of:**

**Advanced Dallas Hospital  
7502 Greenville Ave  
Dallas, TX 75231  
(713) 790-1666**

**Advanced Dallas DBA Chopra Imaging  
8305 Knight Road  
Houston, TX 77054  
(713)848-4729**



**Ideal Pain  
13101 Preston Road  
Suite # 480  
Dallas, TX 75240  
(972) 863-9481**

**2020 X-Ray Imaging  
3201 West Airport Frwy  
Suite # 104  
Irving, TX 75062  
(972) 252-7246**

**Radiology Consultants  
5424 Rufe Snow  
Suite # 502  
North Richland Hills, TX 76180  
(817) 572-2560**

2) **Medical Experts - Plaintiff anticipates that each of the above-referenced experts may be called upon to testify as to the treatment, diagnosis, and prognosis of Plaintiff, including whether or not Plaintiff was injured in the accident, and if so, what the cause, nature, extent, and duration of his injuries and/or disabilities were and whether or not the medical treatments received by Plaintiff was reasonable and necessary. Moreover, these experts will opine on the future medical treatment needed by Plaintiff and the cost of future medical treatment. Further testimony may be given as to Plaintiff's job requirements, the ability of Plaintiff to perform work, the ability of Plaintiff to obtain and keep employment, and Plaintiff's loss of wage-earning capacity, if any. Testimony may further be given as to any matter contained in each expert's deposition testimony, if any, as well as to any matter contained in each expert's medical and billing records. The aforementioned experts may testify as to their education, qualifications, credentials, experience, and fields of expertise.**

**Plaintiff also reserves the right to cross-examine each of the individuals designated by Defendant as potential expert witnesses herein.**

**WILL SUPPLEMENT**



- 3) The aforementioned medical experts who are Plaintiff's healthcare providers have not been retained by, employed by, or otherwise subject to the control of Plaintiff. It is anticipated that the mental impressions and opinions of Plaintiff's healthcare providers may be contained in each expert's deposition testimony, if any, as well as in each expert's medical and billing records that are being produced to Defendant as Vasquez 001 through Vasquez 133 .

**Rule 194.2(g):** any discoverable indemnity and insuring agreements described in Rule 192.3(f):

**Response:** None.

**Rule 194.2(h):** any discoverable settlement agreements described in Rule 192.3(g);

**Response:** None.

**Rule 194.2(i):** any discoverable witness statements described in Rule 192.3(h);

**Response:** None.

**Rule 194.2(j):** If this is a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, produce all medical records and bills that are reasonably related to the injuries or damages asserted or, in lieu thereof, an authorization permitting the disclosure of such medical records and bills.

**Response:** Documents responsive to this request are attached hereto.

**Rule 194.2(k):** If this is a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, produce all medical records and bills obtained by you by virtue of an authorization furnished by Defendant/Counter-Plaintiff.

**Response:** Documents responsive to this request are attached hereto.

**Rule 194.2(l):** the name address, and telephone number of any person who may be designated as a responsible third party.

**Response:** None known to Plaintiffs at this time, other than those named as a party to this suit.



Ana Vazquez

# FREDDY'S AUTO REPAIR

624 N' FIFTH STE "C" GARLAND TX 75040  
PHONE (214) 664 2179

**Vehicle Info**  
2016 Chevrolet -Traverse LS  
1GNKRFD1GJ191571  
Body Type: 4 Door Utility  
Engine: 3.6L 6 Cyl Gas Injected  
Drive Type: FWD

**Insurance Company**  
Inspection Date: 01/18/2022

	Oper	Description	Part Number	Price	Labor
<b>HOOD</b>					
1	Blend	HOOD PANEL 1.4 hrs. Blend			1.4 hrs. Refinish
<b>FRONT FENDER</b>					
2	Replace	R FENDER PANEL 0.8 hrs. Clearcoat	20802979	\$416.32	3.1 hrs. Body 2 hrs. Paint panel 0.8 hrs. Refinish
<b>FRONT DOOR</b>					
3	Replace	R FRT DOOR SHELL 0.9 hrs. Clearcoat, 1.2 hrs. Underside	22883073	\$1,200.00	5.8 hrs. Body 2.3 hrs. Paint panel 2.1 hrs. Refinish 0.4 hrs. Mechanical
4	R&R	RIGHT ADD TO R&R TO R&I/R&R SIDE IMPACT SENSOR (R FRT ADD TO R&I/R&R SIDE AIR BA			
5	Replace	R FRT LWR DOOR ADHESIVE MOULDING	22923502	\$178.88	0.2 hrs. Body
<b>REAR DOOR</b>					
6	Replace	R REAR DOOR SHELL 0.9 hrs. Clearcoat	22904887	\$1,395.00	5.6 hrs. Body 2.3 hrs. Paint panel 0.9 hrs. Refinish 0.4 hrs. Mechanical
7	R&R	RIGHT ADD TO R&R TO R&I/R&R SIDE IMPACT SENSOR (R REAR ADD TO R&I/R&R SIDE AIR B			
8	Replace	R REAR LWR DOOR ADHESIVE MOULDING	22923500	\$169.78	0.2 hrs. Body
<b>SIDE BODY</b>					
9	Blend	R SIDE 1/4 PANEL 2.3 hrs. Blend			2.3 hrs. Refinish
<b>QUARTER GLASS</b>					
10	R&I	R QTR GLASS STATIONARY			1.8 hrs. Glass
<b>OTHER</b>					
11	Replace	ALIG - Nontaxed		\$85.00	



## Totals

Type	Labor Time	Cost	Total	Taxable
Body Labor	14.9	\$50.00	\$745.00	
Glass Labor	1.8	\$50.00	\$90.00	
Mechanical Labor	0.8	\$125.00	\$100.00	
Paint Labor	14.1	\$48.00	\$676.80	
Paint Supplies	14.1	\$40.00	\$564.00	✓
Nontaxed			\$85.00	
OEM Parts			\$3,359.98	✓
Taxable Amount			\$3,923.98	
Tax	8.25%		\$323.73	
Nontaxable Amount			\$1,696.80	
Grand Total			\$5,944.51	



**AFFIDAVIT ESTABLISHING NECESSITY AND  
REASONABLENESS OF SERVICES AND CHARGES**

Before me, the undersigned authority, personally appeared Monique Scott who, being by me duly sworn, deposed as follows:

"My name is Monique Scott. I am of sound mind and capable of making this affidavit.

I am the person in charge of the records of **ADVANCE DALLAS HOSPITAL** Attached to this affidavit are records that provide an itemized statement of **ANA VASQUEZ** on or after 10/23/2021-12/17/2021. The attached records are a part of this Affidavit.

The attached records are kept by me regular course of business. The information contained in the records was transmitted to me in the regular course of business by the person who provided the service or an employee or representative of **ADVANCE DALLAS HOSPITAL** who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or an exact duplicate of the original.

The services provided were necessary and the amount charged for the service was reasonable at the time and place that the services were provided.

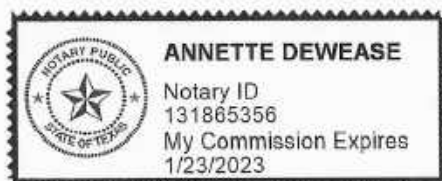
The total amount paid for the services was \$ 0.00, and the amount currently unpaid but which **ADVANCE DALLAS HOSPITAL** has a right to be paid after any adjustments or credits is \$ 67,601.99."

DocuSigned by:  
Monique Scott  
35C7F3C34297463  
Affiant

SWORN TO AND SUBSCRIBED before me on this the 04 day of May, 2022.

DocuSigned by:  
Annette Dewease  
C8514BF12F8D46A  
Notary Public, State of Texas

SEAL



Annette Dewease  
Notary's Printed Name  
My Commission Expires: 01/23/2023



THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



UB-04 CMS-1450 APPROVED OMB NO. 0938-0907 **NUBC** NUBC NATIONAL NURSING UNION THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



ADVANCED DALLAS HOSPITAL		PO BOX 301103		963097V13131		0131	
7502 GREENVILLE AVENUE		HOUSTON TX 772301130		834121741		121721	
DALLAS TX 752313802		(713) 7901666		834121741		121721	
PATIENT NAME		99999		PATIENT ADDRESS		5845 RANCHO DR QUINLAN	
VASQUEZ, ANA		QUINLAN		TX		75474	
BIRTHDATE		121721		ADMISSION		14 3 2 23	
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31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
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aa		ab		ac		ad	
ab		ac		ad		ae	
ac		ad		ae		af	
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bj		bk		bl		bm	
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bl		bm		bn		bo	
bm		bn		bo		bp	
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cf		cg		ch		ci	
cg		ch		ci		cj	
ch		ci		cj		ck	
ci		cj		ck		cl	
cj		ck		cl		cm	
ck		cl		cm		cn	
cl		cm		cn		co	
cm		cn		co		cp	
cn		co		cp		cq	
co		cp		cq		cr	
cp		cq		cr		cs	
cq		cr		cs		ct	
cr		cs		ct		cu	
cs		ct		cu		cv	
ct		cu		cv		cw	
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do		dp		dq		dr	
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dr		ds		dt		du	
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fq		fr		fs		ft	
fr		fs		ft		fu	
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fz		ga		gb		gc	
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ge		gf		gg		gh	
gf		gg		gh		gi	
gg		gh		gi		gj	
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gp		gq		gr		gs	
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hx		hy		hz		ia	
hy		hz		ia		ib	
hz		ia		ib		ic	
ia		ib		ic		id	
ib		ic		id		ie	
ic		id		ie		if	
id		ie		if		ig	
ie		if		ig		ih	
if		ig		ih		ii	
ig		ih		ii		ij	
ih		ii		ij		ik	
ii		ij		ik			



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**AFFIDAVIT OF MEDICAL RECORDS**

---

**RE: ANA VASQUEZ**

BEFORE ME, the undersigned authority, personally appeared Martha Carrillo,  
who, being by me duly sworn, deposed as follows:

"My name is Martha Carrillo, I am of sound mind, capable of making this  
affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records for **ADVANCE DALLAS HOSPITAL** Attached hereto  
are 45 pages of records from **ADVANCE DALLAS HOSPITAL** These 45 pages of  
records are kept by **ADVANCE DALLAS HOSPITAL** in the regular course of business, and it  
was the regular course of business of **ADVANCE DALLAS HOSPITAL** for an employee or  
representative of **ADVANCE DALLAS HOSPITAL** with knowledge of the act, event, condition,  
opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included  
in such record; and the record was made at or near the time or reasonably soon thereafter. The  
records attached hereto are the original or exact duplicates of the original."

DocuSigned by:

Martha Carrillo

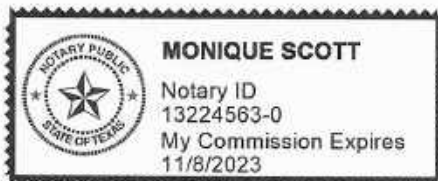
FAB0832277A7403

---

Affiant

SWORN TO AND SUBSCRIBED before me on this the 15 day of June, 2022.

SEAL



DocuSigned by:

Monique Scott

---

Notary Public, State of Texas

---

Monique Scott

---

Notary's Printed Name

---

My Commission Expires: 11-08-2023





# ADVANCED DALLAS HOSPITAL & CLINICS

Advanced Diagnostics Healthcare System

Accession: 372253PCM118812

Advanced Dallas Hospital and Clinics  
7502 Greenville Ave, DALLAS, TX, 75231

Patient Name: Vasquez, Ana

MRN: 266686

SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 3:16 PM

Exam Type: MRI LUMBAR SPINAL CANAL WO/DYE(72148)

External Notes:

Clinical Reason: LOW BACK PAIN

DOB: 08/01/1983

Gender: F

Age: 38

## MRI lumbar Spine Without Contrast:

Comparison: None

## Technique:

A noncontrast MRI examination of the lumbar spine was performed. A multiplanar, multisequence examination was performed. Sagittal and axial T1 and T2-weighted images were obtained.

## Comments:

The lumbar vertebral bodies are normal in height and homogeneous in marrow signal. There is no acute compression fracture.

The distal spinal cord and conus are unremarkable in signal and position.

At T12-L1, L1-L2, L2-L3, L3-L4 and L4-L5, the discs are normal in height and hydrated without apparent bulge or herniation, central or lateral recess stenosis. The neural foramina are patent.

At L5-S1, the disc is normal in height. The disc is normal in height. Central/left subarticular disc herniation measuring 5 mm is demonstrated. Mild left lateral recess stenosis noted. No central or neural foraminal stenosis.

## Impression:

1. Central/left subarticular disc herniation at L5-S1 measuring 5 mm. The disc herniation produces mild left lateral recess stenosis.

Electronically signed by Amesur, Sandeep M.D.

12/20/2021 1:38 PM

\* 372253PCM118812 \* Vasquez, Ana \* 08/01/1983 \* 999999999 \* F \*



---

**AFFIDAVIT OF MEDICAL RECORDS**

---

**RE: ANA VASQUEZ**

BEFORE ME, the undersigned authority, personally appeared Martha Carrillo,  
who, being by me duly sworn, deposed as follows:

"My name is Martha Carrillo, I am of sound mind, capable of making this  
affidavit, and personally acquainted with the facts herein stated:

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records are kept by **ADVANCE DALLAS HOSPITAL** in the regular course of business, and it  
was the regular course of business of **ADVANCE DALLAS HOSPITAL** for an employee or  
representative of **ADVANCE DALLAS HOSPITAL** with knowledge of the act, event, condition,  
opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included  
in such record; and the record was made at or near the time or reasonably soon thereafter. The  
records attached hereto are the original or exact duplicates of the original."

DocuSigned by:

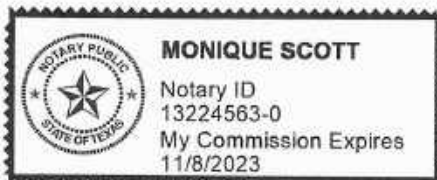
Martha Carrillo

F&amp;B083227767103

Affiant

SWORN TO AND SUBSCRIBED before me on this the 15 day of June, 2022.

SEAL



DocuSigned by:

Monique Scott

Notary Public, State of Texas

Monique Scott

Notary's Printed Name

My Commission Expires: 11-08-2023





# ADVANCED DALLAS HOSPITAL & CLINICS

Advanced Diagnostics Healthcare System

Accession: 372253PCM118812

Advanced Dallas Hospital and Clinics  
7502 Greenville Ave, DALLAS, TX, 75231

Patient Name: Vasquez, Ana

MRN: 266686

SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 3:16 PM

Exam Type: MRI LUMBAR SPINAL CANAL WO/DYE(72148)

External Notes:

Clinical Reason: LOW BACK PAIN

DOB: 08/01/1983

Gender: F

Age: 38

## MRI lumbar Spine Without Contrast:

Comparison: None

## Technique:

A noncontrast MRI examination of the lumbar spine was performed. A multiplanar, multisequence examination was performed. Sagittal and axial T1 and T2-weighted images were obtained.

## Comments:

The lumbar vertebral bodies are normal in height and homogeneous in marrow signal. There is no acute compression fracture.

The distal spinal cord and conus are unremarkable in signal and position.

At T12-L1, L1-L2, L2-L3, L3-L4 and L4-L5, the discs are normal in height and hydrated without apparent bulge or herniation, central or lateral recess stenosis. The neural foramina are patent.

At L5-S1, the disc is normal in height. The disc is normal in height. Central/left subarticular disc herniation measuring 5 mm is demonstrated. Mild left lateral recess stenosis noted. No central or neural foraminal stenosis.

## Impression:

1. Central/left subarticular disc herniation at L5-S1 measuring 5 mm. The disc herniation produces mild left lateral recess stenosis.

Electronically signed by Amesur, Sandeep M.D.

12/20/2021 1:38 PM

\* 372253PCM118812 \* Vasquez, Ana \* 08/01/1983 \* 999999999 \* F \*





# ADVANCED DALLAS HOSPITAL & CLINICS

Advanced Diagnostics Healthcare System

Accession: 372249PCM118811

Advanced Dallas Hospital and Clinics  
7502 Greenville Ave, DALLAS, TX, 75231

Patient Name: Vasquez, Ana

MRN: 266686

SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 2:56 PM

Exam Type: MRI CERVICAL SPINAL CANAL WO/DYE(72141)

External Notes:

DOB: 08/01/1983

Gender: F

Age: 38

Clinical Reason: neck pain

## MRI Cervical Spine Without Contrast:

### Technique:

A noncontrast MRI examination of the cervical spine was performed. A multiplanar, multisequence examination was performed. Sagittal and axial T1 and T2-weighted images were obtained.

### Comments:

The cervical vertebral bodies are normal in height and homogeneous in marrow signal. There is no acute compression fracture.

Reversal of the normal lordosis is noted which might be related to patient positioning and/or spasm.

The spinal cord is normal in signal and position.

At C2-C3, the disc is normal in height without disc bulge or herniation. The spinal cord is normal in signal. No central or neural foraminal stenosis.

At C3-C4, the disc is normal in height. Central disc herniation measuring 2 mm is demonstrated. The thecal sac measures 10 mm in AP diameter along the midline. The spinal cord is normal in signal for the neural foramina are patent.

At C5-C6, the disc is normal in height. Central disc herniation measuring 2 mm is demonstrated and flattens the thecal sac. The thecal sac measures 11 mm in AP diameter along the midline. The spinal cord is normal in signal. The neural foramina are patent.

At C5-C6, C6-C7 and C7-T1, the discs are normal in height without disc bulge or herniation. The spinal cord is normal in signal. The neural foramina are patent.

### Impression:

1. Central disc herniation at C3-C4 measuring 2 mm.
2. Central disc herniation at C5-C6 measuring 2 mm.
3. Reversal of the normal lordosis is noted which might be related to positioning and/or spasm.





# ADVANCED DALLAS HOSPITAL & CLINICS

Advanced Diagnostics Healthcare System

Accession: 372249PCM118811

Advanced Dallas Hospital and Clinics  
7502 Greenville Ave, DALLAS, TX 75231

Patient Name: Vasquez, Ana

MRN: 266686

SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 2:56 PM

Exam Type: MRI CERVICAL SPINAL CANAL WO/DYE(72141)

External Notes:

DOB: 08/01/1983

Gender: F

Age: 38

Clinical Reason: neck pain

Electronically signed by Amesur, Sandeep M.D.

12/20/2021 1:32 PM

\* 372249PCM118811 \* Vasquez, Ana \* 08/01/1983 \* 999999999 \* F \*





## Patient Registration

## CURRENT PATIENT INFORMATION -- PLEASE PRINT

Last Name: VASQUEZ FLORES  
 First Name: ANA  
 Middle Name: EMPERATRIZ  
 Address: 5845 RANCHO DR  
 City: QUINLAN State: TX  
 Zip: 75474-3205  
 Home Phone: (469) 671-1659  
 Work Phone:  
 Mobile Phone: (469) 671-1659  
 Sex: F  
 Date of Birth: 08/01/1983 38yo  
 Social Security No.:  
 Patient email:  
 Required by government mandate [although you may refuse]  
 Language: Spanish  
 Race: White  
 Ethnicity: Hispanic or Latino/Spanish  
 Marital Status:

## Hospital Visit Information

Visit ID: 238434  
 Check In Date: 11/10/2021 17:45  
 Discharge Date: 11/10/2021 18:45  
 Admission Type: Emergency  
 Discharge Status: Discharged to home or self care (routine discharge)

## Primary Insurance Information

Visit Insurance: SP 1127 [637762] 10/23/2021  
 Insurance Plan Name:  
 Last Name:  
 First Name:  
 Middle Name:  
 Insurance ID/Cert #:  
 Group/Policy #:  
 Date of Birth: Sex (please circle): M or F  
 Employer Name:  
 Patient's relationship to policy holder:  
 Case Policy:

## Guarantor Information (to whom statements are sent)

Name: ANA EMPERATRIZ VASQUEZ FLORES  
 Address: 5845 RANCHO DR  
 QUINLAN, TX 75474-3205

Date of Birth: 08/01/1983

Social Security No.:

Phone: ( ) -

## Emergency Contact Information

Name: DANIEL FLORES  
 Relationship: SPOUSE  
 Phone: (214) 573-3637

## Employer information

Employer:  
 Address:  
 Phone:

Admitting Provider: NOYES, MICHAEL BRENT  
 Attending Provider: Noyes\_Michael\_MD  
 Referring Provider:  
 Operating Provider:  
 Level of Care: ED VISIT

## Secondary Insurance Information

Insurance Plan Name:  
 Last Name:  
 First Name:  
 Middle Name:  
 Insurance ID/Cert #:  
 Group/Policy #:  
 Date of Birth: Sex (please circle): M or F  
 Employer Name:  
 Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Disclosure of Public Health Information**

PATIENT LAST NAME	PATIENT FIRST NAME	DATE OF BIRTH
VASQUEZ FLORES	ANA	08/01/1983

Additionally, you will be given the opportunity to specify what information, if any, you would like to have restricted from release. These are two different items of information that you will need to provide regarding your protected health information. Please consider both requests as extremely important information to be restricted.

You may change either of these requests verbally or in writing at any time, by letting your healthcare provider (nurse or physician) know that you wish to make a change.

By completing and signing this form you have indicated that you are allowing ADHC and physicians involved in your care to communicate as directed with the individuals listed above.

DANIEL FLORES	Spouse	(214) 573-3637

Additionally, you will be given the opportunity to specify what information, if any, you would like to have restricted from release. These are two different items of information that you will need to provide regarding your protected health information. Please consider both requests as extremely important information to be restricted.

You may change either of these requests verbally or in writing at any time, by letting your healthcare provider (nurse or physician) know that you wish to make a change.

By completing and signing this form you have indicated that you are allowing ADHC and physicians involved in your care to communicate as directed with the individuals listed above.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE

*[Signature]*

RELATIONSHIP TO PATIENT

Self

11/10/2021 @ 05:50 PM

**Disclosure of Protected Health Information**

FORM # ADHE 124 Revised 01/2016

VASQUEZ, ANA

SEX: FEMALE AGE: 38

MRN: 266686

DR. NOYES

VISIT ID: 238434

DOB: 08/01/1983

DOS: 11/10/2021



**CONSENT TO TREAT**

I am presenting myself for admission to Advanced Dallas Hospital & Clinics inpatient/outpatient for care and treatment and I voluntarily consent to the rendering of such care, including diagnostic procedures and medical treatment by authorized agents and employees of the hospital, its medical staff, or other designees, as may be deemed necessary or beneficial for my care. I understand that testing for infectious conditions such as Human Immunodeficiency Virus (HIV) may be included. This consent is valid during the course of my admission unless revoked by me. I understand that my consent may be revoked verbally or in writing. I acknowledge that no guarantees have been made to me regarding the effect of such care or treatment of my condition.

PATIENT'S INITIALS

A.V.

**HOSPITAL AND EMERGENCY MEDICAL SERVICES LIEN**

ADVANCED DALLAS HOSPITAL & CLINICS WILL PLACE A LIEN FOR THE BILLED CHARGES WITH THE HARRIS COUNTY CLERK FOR ALL EMERGENCY ROOM VISITS RESULTING FROM AN ACCIDENT. THE LIEN WILL ATTACH TO ANY CAUSE OF ACTION OR CLAIM THAT YOU MAY HAVE AGAINST ANOTHER PERSON FOR YOUR INJURIES. THE LIEN WILL NOT ATTACH TO ANY REAL PROPERTY OWNED BY YOU.

PATIENT'S SIGNATURE



11/10/2021 @ 05:50 PM

**PHYSICIAN BILLING**

Physicians providing care during this encounter, including radiologist, pathologists, anesthesiologist, surgeons, emergency physicians, or other independent practitioners, will bill independently of the hospital for their services.

PATIENT'S INITIALS

A.V.

**ADVANCE DIRECTIVE ACKNOWLEDGEMENT**

1. I have been given written materials about my right to accept or refuse medical treatment.
2. I have been informed of my rights to formulate advance directives.
3. I understand that I am **not** required to have an advance directive in order to receive medical treatment.

PATIENT'S INITIALS

A.U.

I **have** executed an advance directive.

☐ Yes ☒ No

A copy of the advance directive was obtained at admission.

☐ Yes ☒ No

I understand it is my responsibility to provide the Hospital with a copy of my advance directive, and understand that until I provide this document, the Hospital may not be able to honor my wishes.

☒ Yes ☐ No

IF NO COPY OF PATIENT'S ADVANCE DIRECTIVE IS AVAILABLE, WHAT IS PATIENT'S INTENT (USE PATIENT'S OR HEALTHCARE SURROGATE'S OWN WORDS)?

I **would** like assistance regarding advance directives.

☐ Yes ☒ No

IF NO COPY, WHO IS THE AGENT?

**Conditions of Admission Form**

FORM # ADHE 72 Revised 01/2016

page 1 of 2

VASQUEZ, ANA

SEX: FEMALE AGE:38

MRN: 266686

DR. NOYES

VISIT ID: 238434

DOB: 08/01/1983

DOS: 11/10/2021



**CONSENT TO USE AND DISCLOSE INFORMATION**

In accordance with the Health Insurance Portability and Accountability Act and the privacy regulation promulgated there under, I hereby agree and consent to the use and disclosure of my health information for the purposes of treatment, payment, and healthcare operations. I understand that as part of my healthcare, this hospital originates and maintains health records describing my health history, symptoms, examinations, test results, diagnosis, treatment, and any plans for further care or treatment. The health records will be retained for a period of 10 years beyond the most recent date of service. I understand that this information serves as:

PATIENT'S INITIALS

A. V

1. A basis for planning my care and treatment;
2. A means of communication among the many health professionals who contribute to my care;
3. A source of information for applying my diagnosis and surgical information to my bill;
4. A means by which a third party payor can verify that services billed were actually provided and may be used as a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Privacy Practices, which provides a more complete description of protected health information, its uses and appropriate disclosures. I understand that I have the right to review the notice prior to signing this consent.

I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that the hospital is not required to agree to the restrictions requested.

I understand and consent that records generated as a result of my healthcare treatment and/or admission to the Hospital for treatment, or for one whom the undersigned has legal responsibility or authority to execute this consent form for, or by a third party payor who may provide payments to the Hospital for charges incurred for the services rendered to me, I expressly authorize the Hospital to release such records to such payor or to any person or organization authorized by law to review these records for any lawful purpose.

I realize that during the course of my care at the Hospital, or my follow-up, it may be necessary for the Hospital, or my attending physician(s), to make available to other healthcare providers including referring facilities and physicians, copies of my medical record(s) or information relating to my care.

**PERSONAL VALUABLES**

It is understood and agreed that the Hospital is not responsible for the safe keeping of money and valuables. I have been encouraged to send all money and valuables home with family or trusted friends. The Hospital is not liable for the loss or damage to any money, jewelry, or other articles of value.

PATIENT'S INITIALS

A. V

**ACKNOWLEDGMENT OF RECEIPT OF INFORMATION**

I have received the following information:

1. Patient's Rights and Responsibilities
2. Notice of Privacy Practices

PATIENT'S INITIALS

A. V

**ACKNOWLEDGEMENT AND RECEIPT OF SIGNATURES**

The undersigned certifies that I have read the foregoing, and I have, or my duly authorized agent, accepts the above terms and I am executing this document. All Guarantors certify that they have read the foregoing and accepted its terms.

**PATIENT OR LEGAL REPRESENTATIVE SIGNATURE**

11/10/2021 @ 05:50 PM

**RELATIONSHIP TO PATIENT**

Self

**WITNESS SIGNATURE**

11/10/2021 @ 05:30 PM

**WITNESS PRINTED NAME**

LOUIS KARUNAKARAN

**Conditions of Admission Form**

FORM # ADHE 72 Revised 01/2016

page 2 of 2

VASQUEZ, ANA

SEX: FEMALE AGE: 38

MRN: 266686

DR. NOYES

VISIT ID: 238434

DOB: 08/01/1983

DOS: 11/10/2021



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## ED Provider Assessment

Date: 11/10/2021 17:50

### First Contact with Patient

17:45, 11-10-2021

### Chief Complaint

lower back and neck pain

### HPI

Patient had a MVA on 10-23-21. Now comes in for a follow up ER visit because of worsening pain in the neck and back, the upper extremities do not have radicular symptoms but the lower extremities are suspicious for some changes. She has pain going down to the knees bilaterally but not the feet. Denies any weakness in the feet or legs. No bladder or bowel changes.

### Problems

No known problems

### Home Medications

None Recorded

### Allergies

NKDA

### Surgical History

right wrist surgery

### Social History

#### Diet and Exercise

What type of diet are you following?: Regular

What is your exercise level?: Occasional

#### Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing?: No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

#### Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

#### Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

#### Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

#### Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

#### Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)? : Not at all

Do you wear a helmet when biking? : No

Do you use your seat belt or car seat routinely? : No

#### COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown

VTE SCREENING COMPLETE: No

Gender Identity and LGBTQ Identity

First name used: ANA

#### Family History

Father - No current problems or disability

Mother - No current problems or disability

#### ROS

ROS as noted in the HPI

#### Physical Exam

Patient is a 38-year-old female.

Patient is a well nourished WD female, appears stiff and ambulates slowly, appears in pain.

Neck is tender diffusely and over the midline, limited ROM, she has good strength in the upper extremities. Lumbar back is tender over the midline, has limited ROM and good strength in both lower extremities. Slump test is positive on the right for pain in the thigh, back and neck.

#### Vitals

Intake & Output 24 Hour Total

Intake 0.0mL

Output 0.0mL

Net Balance 0mL

More recent vital readings have been recorded

#### ED Course

None recorded

#### Medical Decision Making

Patient still has ongoing pain, is worsening in the back with pain into the lower extremities, R>L. Will order MRI as OP of cervical and lumbar spine. Administered Toradol 60 mg IM, start on naprosyn 500 mg and cyclobenzaprine 10 mg TID. She may benefit from a PMR physician and will work on a referral. I do not see weakness that would necessitate an MRI tonight. Patient was given a prescription for her medications tonight.

#### Diagnoses

- low back strain - Onset: 10/23/2021
- strain of neck muscle - Onset: 10/23/2021

Created by Michael Noyes, MD 17:50, 11-10-2021

Signed by Michael Noyes, MD 19:01, 11-10-2021



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## ED Triage Notes

### Chief Complaint

lower back and neck pain

### Acuity

2 (Emergent)

### Vitals

Vital	Most Recent	Time	1 Hour Range
Oxygen saturation	100 %	11-10-2021 18:35	100 % - 100 %
Respiratory rate	20	11-10-2021 18:35	20 - 20
Blood pressure	116 / 85 supine upper arm - right	11-10-2021 18:35	116/85 - 116/85
Heart rate	81 bpm cardiac monitor	11-10-2021 18:35	81 bpm - 81 bpm
Temperature	98.6 °F oral (37 C)	11-10-2021 18:35	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	8	11-10-2021 18:35	8 - 8

### Intake & Output 24 Hour Total

Intake 0.0mL

Output 0.0mL

Net Balance 0mL

Oxygen at arrival: Y

### Home Medications

None Recorded

### Allergies

NKDA

Created by 18:34, 11-10-  
Louis Karunakaran2021

Signed by 18:37, 11-10-  
Louis Karunakaran2021



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

**Vitals**

Vital	Most Recent	Time	2 Hour Range
Oxygen saturation	100 %	11-10-2021 18:35	100 % - 100 %
Respiratory rate	20	11-10-2021 18:35	20 - 20
Blood pressure	116 / 85 supine upper arm - right	11-10-2021 18:35	116/85 - 116/85
Heart rate	81 bpm cardiac monitor	11-10-2021 18:35	81 bpm - 81 bpm
Temperature	98.6 °F oral (37 C)	11-10-2021 18:35	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	8	11-10-2021 18:35	8 - 8
Intake & Output: 24 Hour Total			
Intake	0.0mL		
Output	0.0mL		
Net Balance	0mL		

Created by 18:48, 11-10-  
Louis Karunakaran2021

Signed by 18:56, 11-10-  
Louis Karunakaran2021



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## ED Nursing Initial Assessment Notes

### Nursing Assessment

#### ED-MVC

HISTORIAN: patient  
 ARRIVAL MODE car  
 INJURIES / AREA OF PAIN pain in the neck, lower back, knee, left elbow  
 FUNCTIONAL / NUTRITIONAL ASSESSMENT independent ADL  
 NEURO normal/no deficits  
 CVS normal/no deficits  
 HEAD / FACE normal/no deficits  
 NECK / BACK neck and back  
 CHEST normal/no deficits  
 RESPIRATORY normal/no deficits  
 ABDOMEN normal/no deficits  
 PELVIS / GU normal/no deficits

### Problems

No known problems

### Surgical History

right wrist surgery

### Vaccines

tetanus <5 years

### Family History

Father - No current problems or disability

Mother - No current problems or disability

### Social History

#### Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

#### Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

#### Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

#### Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

#### Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

#### COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown

VTE SCREENING COMPLETE: No

Gender Identity and LGBTQ Identity

First name used: ANA



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## Nursing Notes

Date: 11/10/2021 17:45 to 11/10/2021 18:45

- Louis Karunakaran  
18:40, 11-10-2021  
pt walked out of the ED and sitting in the lobby waiting for ride.
- Louis Karunakaran  
18:30, 11-10-2021  
Dr. Noyes went to the pt room, discharge information given, education and instructions given language interperator used 1088859
- Louis Karunakaran  
18:20, 11-10-2021  
pt pain medication given by Patrick RN.
- Louis Karunakaran  
18:00, 11-10-2021  
Dr. noyes went to see the pt.
- Louis Karunakaran  
17:48, 11-10-2021  
Seat on, no air bags no loc.
- Louis Karunakaran  
17:47, 11-10-2021  
pt ambulated to the ED from MVA on the 10/23/2021, which she already has came in ED in which she is still in pain (pain score 8), vital signs which in normal limits, infomed Dr. Noyes.

Created by 18:34, 11-10-  
Louis Karunakaran2021

Signed by 18:48, 11-10-  
Louis Karunakaran2021



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

## Orders

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #134987 | chart id: #170625

## Medication Order

Date Ordered: 11/10/2021 18:27:21

Order Ketorolac IM 60 mg once now

CPOE order by Michael Noyes, MD

Entered by mnoyes1 2021-11-10 18:27

Signed by mnoyes1 2021-11-10 18:27

Acknowledged by Ikarunakaran 2021-11-10 18:34

Printed: 06/16/2022 23:33:29 by



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## Medication Administration Record

### Medication Administration Record for 11-10-2021

Exported at 06-16-2022 23:33 by khensley27

#### Medications

##### **ketorolac IM 60 mg once**

**11-10-2021**

Dispensable(s) ketorolac 60 mg/2 mL intramuscular solution

18:35 **Administered** 60 mg by ptiemeyer1

Ordered start 11-10-2021 18:27 now

Ordered stop 11-10-2021 19:27

CPOE order by Michael Noyes, MD

Verified by skulik4



## Patient Discharge Instructions

Date: 11/10/2021 17:45 to 11/10/2021 18:45

### Patient Discharge Instructions

AD Hospital East, LLC  
7502 Greenville Avenue, DALLAS, TX 75231-3802  
Phone: (469) 221-6000 | Fax: (713) 383-4446

Name	DOB	Home Phone	ID
Ana Emperatriz Vasquez Flores	08-01-1983	(469) 671-1659	266686

Dear Ana Emperatriz Vasquez Flores,  
Below is a summary of your hospital visit. If you have any questions about the care you received, please call AD Hospital East, LLC at (469) 221-6000.

### Your Visit Details

**Admitted On:** None recorded

**Admit Attending:** None recorded

**Admitted For:** None recorded

**Discharged On:** 18:45, 11-10-2021

**Discharge Attending:**  
Michael Brent Noyes,  
MD

**Discharged With:**  
strain of neck muscle; low back strain

### Discharge Instructions

#### Patient Instructions



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

Prescription for Naprosyn 500 mg twice a day for pain, and flexeril 10 mg as needed three times a day for spasm. PT referral, MRI of cervical spine and of Lumbar spine.

Entered by 18:30, 11-10-  
Michael Noyes, 2021  
MD

## Medications

*\*Medication reconciliation did not occur, please consult your PCP for further information.*

Medications listed under **Start** are new medications you are being given.

### Start These Medications

No medications need to be started at this time.

## Education

Refer to the following educational materials for more information about your diagnoses, medications, and other important information:

- C  MO volver a la normalidad despu  s de un dolor en la parte baja de la espalda: instrucciones de cuidado - [getting back to normal after low back pain: care instructions]
- dolor en la parte baja de la espalda (lumbalgia): ejercicios - [low back pain: exercises]
- neck strain or sprain: rehab exercises

**Patient's  
Signature**

**Date**

**Nurse's  
Signature**

**Date**





# Patient Registration

## CURRENT PATIENT INFORMATION -- PLEASE PRINT

Last Name: VASQUEZ FLORES  
 First Name: ANA  
 Middle Name: EMPERATRIZ  
 Address: 5845 RANCHO DR  
 City: QUINLAN State: TX  
 Zip: 75474-3205  
 Home Phone: (469) 671-1659  
 Work Phone:  
 Mobile Phone: (469) 671-1659  
 Sex: F  
 Date of Birth: 08/01/1983 38yo  
 Social Security No.:  
 Patient email:  
 Required by government mandate [although you may refuse]  
 Language: Spanish  
 Race: White  
 Ethnicity: Hispanic or Latino/Spanish  
 Marital Status:

## Hospital Visit Information

Visit ID: 234617  
 Check In Date: 10/23/2021 19:55  
 Discharge Date: 10/23/2021 23:25  
 Admission Type: Emergency  
 Discharge Status: Discharged to home or self care (routine discharge)

## Primary Insurance Information

Visit Insurance: SP 1127 [637762] 10/23/2021  
 Insurance Plan Name:  
 Last Name:  
 First Name:  
 Middle Name:  
 Insurance ID/Cert #:  
 Group/Policy #:  
 Date of Birth: Sex (please circle): M or F  
 Employer Name:  
 Patient's relationship to policy holder:  
 Case Policy:

## Guarantor Information (to whom statements are sent)

Name: ANA EMPERATRIZ VASQUEZ FLORES  
 Address: 5845 RANCHO DR  
 QUINLAN, TX 75474-3205

Date of Birth: 08/01/1983  
 Social Security No.:  
 Phone: ( ) -

## Emergency Contact Information

Name: DANIEL FLORES  
 Relationship: SPOUSE  
 Phone: (214) 573-3637

## Employer information

Employer:  
 Address:  
 Phone:

Admitting Provider: BURKETT, JOSEPH  
 Attending Provider: Burkett\_Joseph  
 Referring Provider:  
 Operating Provider:  
 Level of Care:

## Secondary Insurance Information

Insurance Plan Name:  
 Last Name:  
 First Name:  
 Middle Name:  
 Insurance ID/Cert #:  
 Group/Policy #:  
 Date of Birth: Sex (please circle): M or F  
 Employer Name:  
 Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_





**ADVANCE<sup>™</sup>  
DIAGNOS<sup>™</sup>**

HEALTHCARE SYSTEM

EL FORMULARIO DE REGISTRO

VASQUEZ, ANA  
SEX: FEMALE AGE: 38 VISIT ID: 234617  
MRN: 266686 DOB: 08/01/1983  
DR. BURKETT DOS: 10/23/2021

**INFORMACIÓN DEL PACIENTE**

Nombre del paciente: Ana E. Vasquez Flores Médico primario: \_\_\_\_\_  
Sex: ☐ M ☒ F Fecha de nacimiento: 08 / 01 / 1983 Número de Seguridad Social: \_\_\_\_\_

**CONTACT**

Dirección postal: 5845 rancho dr Ciudad: Quinlan Estado: TX Condado: 75474  
Casa Ph: \_\_\_\_\_ Ph de trabajo: \_\_\_\_\_ Ph de la célula: 469-671-1659  
Correo electrónico: diamante0801@gmail.com

Estado civil: (circle one): Casado Soltero Viudo Divorciado  
Contacto de Emergencia: Daniel Flores Teléfono: 214-573-3637 Relación: Esposo

**EMPLEO DEL PACIENTE**

Empleador: prestonwood landscape Teléfono: \_\_\_\_\_ Status: ☐ FT ☐ PT ☐ Jubilado ☐ Otro  
Dirección postal \_\_\_\_\_ Ciudad: Dallas Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

**INFORMACIÓN DEL SEGURO**

Seguro primario: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Nombre del asegurado: \_\_\_\_\_ Relación con el paciente: \_\_\_\_\_  
Dirección postal \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_  
ID #: \_\_\_\_\_ Política #: \_\_\_\_\_ Grupo #: \_\_\_\_\_  
Seguro secundario: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Nombre del asegurado: \_\_\_\_\_ Relación con el paciente: \_\_\_\_\_  
Dirección postal \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_  
ID #: \_\_\_\_\_ Política #: \_\_\_\_\_ Grupo #: \_\_\_\_\_

**PREGUNTAS ADICIONALES**

¿Son los servicios para prestados a consecuencia de lesiones en el trabajo? ☐ Sí ☒ No  
En caso afirmativo, ¿cuál fue la fecha del accidente? \_\_\_\_\_ Nombre del empleador: \_\_\_\_\_  
¿Qué tipo de lesión resultó en el accidente? dolor de espalda y cuello, cabeza  
¿Son servicios que procesa el resultado de un accidente de auto? ☒ Sí ☐ No  
En caso afirmativo, ¿cuál fue la fecha del accidente? 10/23/2021 Nombre de seguro de auto: \_\_\_\_\_  
Ubicación del accidente: 240 divided dr Coppell

POR FAVOR NO OLVIDE TRAER SU TARJETA DE SEGURO(S) Y UNA IDENTIFICACIÓN CON FOTOGRAFÍA A LA INSTALACIÓN.





**ADVANCED  
DIAGNOSTICS**  
HEALTHCARE SYSTEM

VASQUEZ, ANA

SEX: FEMALE AGE: 38 VISIT ID: 234617  
MRN: 266686 DOB: 08/01/1983  
DR. BURKETT DOS: 10/23/2021

### CONDICIONES DE INGRESO

Las iniciales indican que yo o mi representante personal hemos leído y conocemos la siguiente información:

#### CONSENTIMIENTO AL TRATAMIENTO

Ingreso a Advanced Dallas Hospital & Clinics, LLC (ADHC) para recibir tratamiento y atención médica durante mi internación o como paciente ambulatorio y doy mi consentimiento en forma voluntaria a dicha atención médica, incluyendo procedimientos y tratamiento médicos, que me brindaran agentes autorizados y empleados del hospital, personal médico u otras personas designadas, según sea necesario o beneficioso para mi atención médica. Entiendo que tal vez se incluyan exámenes para detectar enfermedades infectocontagiosas tales como el Virus de Inmunodeficiencia Humana (VIH). Este consentimiento es válido mientras este internado a menos que yo lo retire por escrito. Acepto que no me han ofrecido ninguna garantía sobre el efecto de tal atención médica o tratamiento de mi enfermedad.

A.V.  
(Iniciales)

#### FACTURACION DE LOS MÉDICOS

Los médicos que le atiendan durante este encuentro, incluyendo radiólogos, patólogos, anestesiólogos, cirujanos, médicos de urgencia, y otros profesionales independientes, le facturarán de forma independiente del hospital por sus servicios.

A.V.  
(Iniciales)

#### RECONOCIMIENTO DE INSTRUCCIONES ANTICIPADAS

1. Recibi materiales escritos sobre mi derecho a aceptar o rechazar tratamiento médico.
2. Recibi información sobre mis derechos de formular instrucciones anticipadas.
3. Entiendo que no necesito tener instrucciones anticipadas para recibir tratamiento médico.

A.V.  
(Iniciales)

He ejecutado instrucción anticipada. ☒ Si ☐ No

Entregue una copia de las instrucciones anticipadas al ingresar al hospital. ☒ Si ☐ No

Entiendo que es mi responsabilidad de proveer al hospital con una copia de mi directive anticipada, y entender que hasta que proporciono este documento, el hospital no puede ser capaz de cumplir mis deseos ☒ Si ☐ No

Si no entrega una copia, cuál es la intención del paciente (utilizar las propias palabras de sustitutos de la salud del paciente o de)?

Quisiera recibir ayuda sobre las Instrucciones anticipadas. ☒ Si ☐ No

Si no entrega una copia, quien es el agente?

#### CONSENTIMIENTO PARA USAR Y REVELAR INFORMACION (continúa en página siguiente)

Conforme a la Ley de responsabilidad y transferencia de seguro médico y la regulación de privacidad promulgada bajo dicha ley, por el presente acepto el uso y divulgación de mi información de salud para el tratamiento, pago y operaciones relacionadas con la salud. Entiendo que como parte de mi atención médica, esta organización crea y mantiene registros médicos que contienen mi historia clínica, síntomas, resultados de exámenes y análisis, diagnóstico, tratamiento y todo plan para atención y tratamientos futuros. Los registros médicos se guardan por 10 años desde la fecha de atención más reciente. Entiendo que esta información sirve como:

1. Base para planear mi atención médica y tratamiento
2. Medio de comunicación entre los diferentes profesionales de la salud que me brindan atención médica
3. Fuente de información para aplicar la información de diagnóstico y cirugía a mi factura





# ADVANCED DIAGNOSTICS

HEALTHCARE SYSTEM

VASQUEZ, ANA  
SEX: FEMALE AGE: 38 VISIT ID: 234617  
MRN: 266686 DOB: 08/01/1983 DR.  
BURKETT DOS: 10/23/2021

4. Medio por el cual un tercero responsable de los pagos puede verificar que realmente se proporcionaron los servicios facturados y herramienta para operaciones medicas de rutina tales como evaluar calidad y verificar la capacidad de los profesionales de la salud.

Entiendo y recibo un Aviso sobre prácticas de privacidad que provee una descripción mas completa de la información de salud protegida, sus usos y divulgaciones apropiadas. Entiendo que tengo derecho a leer el aviso antes de firmar este consentimiento. Entiendo que tengo derecho a objetar el uso de mi información medica para fines de directorio. Entiendo que tengo derecho a solicitar restricciones en el uso o revelación de mi información medica para realizar tratamientos, pagos u operaciones medicas y que el hospital no esta obligado a estar de acuerdo con las restricciones solicitadas. Entiendo y acepto que los registros generados como resultado de mi tratamiento medico y/o ingreso al hospital para recibir tratamiento o para alguien ante quien el abajo firmante sea responsable legalmente o tenga autoridad de ejecutar este formulario de consentimiento o un tercero responsable de los pagos que puede pagar al hospital mediante un los gastos correspondientes a los servicios prestados, y autorizo expresamente al hospital a entregar dichos registros a tal persona u organización responsable de los pagos o a cualquier persona u organización autorizada por la ley a revisar los registros con fines legales. Entiendo que durante mi internación en el hospital, o mientras reciba atención despues de mi internación, puede ser necesario que el hospital o el medico o medicos tratantes entreguen copias de mi historia clínica o información relacionada con mi atención a otros profesionales de la salud, incluyendo centros de salud y medicos a los que me deriven.

A.V  
(Iniciales)

## ARTICULOS PERSONALES DE VALOR

Se entiende y acuerda que el hospital no es responsable de la seguridad del dinero ni los articulos de valor. Me han recomendado dejar todo mi dinero y articulos de valor en mi casa o entregarselos a mis familiares o amigos. El hospital no sera responsable de la perdida ni danos al dinero, joyas u otros articulos de valor.

A.V  
(Iniciales)

## CONOCIMIENTO DE RECIBO DE INFORMACION

He recibido la siguiente información:

1. Derechos y Responsabilidades de Pacientes
2. Aviso de Practicas de Privacidad

A.V  
(Iniciales)

## CONOCIMIENTO DE RECIBO DE FIRMAS

Yo, el abajo firmante certifico que he leído lo anterior, y que soy el paciente o su agente debidamente autorizado, acepto los terminos anteriores y ejecuto este documento. Todos los garantes certifican que han leído lo anterior y aceptan sus terminos.

A.V  
(Iniciales)

Firma del paciente/representante personal: [Signature]

Fecha: 10/23/21 Hora: 8:00

Relacion con el paciente: \_\_\_\_\_

Firma del testigo: [Signature]

Fecha: \_\_\_\_\_ Hora: 10/23/21

Firma del Segundo testigo: \_\_\_\_\_

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_



HIM-1028



**ADVANCED  
DIAGNOSTICS**  
HEALTHCARE SYSTEM

VASQUEZ, ANA

SEX: FEMALE AGE: 38

VISIT ID: 234617

MRN: 266686

DOB: 08/01/1983

DR. BURKETT

DOS: 10/23/2021

## DIVULGACIÓN DE INFORMACIÓN MÉDICA

Nombre: Ana E. Vasquez Flores Fecha de nacimiento: 08/01/1983

Además, se le dará la oportunidad de especificar qué información, si la hay, le gustaría tener restringida de liberación. Estos son dos elementos diferentes de información que deberá proporcionar con respecto a su información de salud protegida. Por favor, considere ambas solicitudes como información extremadamente importante que debe restringirse.

Usted puede cambiar cualquiera de estas solicitudes verbalmente o por escrito en cualquier momento, haciéndole saber a su proveedor de atención médica (enfermera del médico) que desea hacer un cambio.

Al completar y firmar este formulario, usted ha indicado que está permitiendo que ADHC y los médicos involucrados en su atención se comuniquen según las indicaciones anteriores.

Nombre	Relación	Número de teléfono
<u>Daniel Flores</u>	<u>Esposo</u>	<u>214-573-3637</u>

Además, se le dará la oportunidad de especificar qué información, si la hay, le gustaría tener restringida de divulgación. Estos son dos elementos diferentes de información que deberá proporcionar con respecto a su información de salud protegida. Por favor, considere ambas solicitudes como información extremadamente importante que debe restringirse.

Usted puede cambiar cualquiera de estas solicitudes verbalmente o por escrito en cualquier momento, haciéndole saber a su proveedor de atención médica (enfermera del médico) que desea hacer un cambio.

Al completar y firmar este formulario, usted ha indicado que está permitiendo que ADHC y los médicos involucrados en su atención se comuniquen según las indicaciones anteriores.

Firma del paciente:

Fecha:

10/23/21



VASQUEZ, ANA  
 SEX: FEMALE AGE: 38 VISIT ID: 234617  
 MRN: 266686  
 DR. BURKETT  
 DOB: 08/01/1983  
 DOS: 10/23/2021



# ADVANCED DIAGNOSTICS

HEALTHCARE SYSTEM

## DIVULGACIÓN DE INFORMACIÓN MÉDICA

Nombre: Ana E. Vasquez Flores		Fecha de nacimiento: 08/01/83	Número de Seguro Social:
Dirección: 5845 rancho dr			
Ciudad: Quinlan	Estado: tx	Código postal: 75474	
Teléfono personal: 469-671-1659	Teléfono del trabajo:	Correo electrónico: diamante0801@gmail.com	

Yo autorizo a AD Hospital Dslas, LLC (ADHC) a divulgar u obtener de mis registros la información de atención médica que se indica más abajo:

Nombre: Ana E. Vasquez Flores		Número de teléfono: 469-671-1659	
Dirección: 5845 rancho dr	Ciudad: Quinlan	Estado: tx	Código postal: 75474

Copia solicitada: ☒ Sí ☐ No

<input type="checkbox"/> Registros de facturación	<input type="checkbox"/> Estudios de laboratorio
<input type="checkbox"/> Historia y física	<input type="checkbox"/> Progreso Notes
<input type="checkbox"/> Informe de Patología Reporta	<input type="checkbox"/> Las Ordenes Médicas
<input type="checkbox"/> Reporte de imágenes (rayos X, CT, MRI)	<input type="checkbox"/> Consultación
<input type="checkbox"/> Reporte Operativo	<input type="checkbox"/> Registro Completo
<input type="checkbox"/> Otros: _____	

Entiendo que cualquier información de la solicitada más arriba se puede referir a mi diagnóstico y tratamiento de trastornos psiquiátricos o psicológicos, abuso de alcohol / drogas (sustancias) y puede incluir registros que indiquen la presencia de enfermedades transmisibles o venéreas, incluyendo, entre otras, hepatitis, sífilis, gonorrea, Síndrome de Inmunodeficiencia Adquirida (SIDA) y Virus de la Inmunodeficiencia Humana (VIH).


Yo, el abajo firmante, entiendo que puedo revocar esta autorización en cualquier momento por escrito, excepto en la medida en que se haya tomado acción basándose en ella y que en cualquier caso esta autorización caducará en seis (6) meses a partir de cuando fue firmada a menos que se especifique lo contrario (Fecha en que se especifica lo contrario). Entiendo que la provisión de mi atención médica y el pago de mi atención médica no se verán afectados si no firmo este formulario. Una vez vencido, ADHE ya no podrá usar ni divulgar mi información para los propósitos indicados más arriba sin una nueva autorización. Todas las revocaciones serán enviadas a la atención del Oficial de Privacidad de la instalación y se harán efectivas una vez recibidas. Entiendo que la información que precede puede incluir registros y/o informes de otros proveedores de atención médica involucrados en mi atención o tratamiento. He leído esta autorización y entiendo qué se usará o divulgará, quién puede usar y divulgar la información y el(los) destinatario(s) de esa información.

**NOTA AL PACIENTE:** Si la IPS se divulga bajo su autorización a personas u organizaciones que no están sujetas a las leyes federales de privacidad, puede divulgarse nuevamente y dejar de estar protegida.



HIM-1028

**A QUIEN RECIBA ESTA INFORMACIÓN:** Esta información está siendo divulgada a usted de registros cuya confidencialidad puede estar protegida por leyes federales y/o estatales. De ser así, la Regla 42 CFR, Parte 2, prohíbe la divulgación adicional sin la autorización específica por escrito de la persona a quien pertenece, o de otra manera según lo permita dicho reglamento.

Paciente (o tutor legal/poder notarial)	Ana E. Vasquez	Fecha:	10/23/2021
Firma del testigo	 RN	Fecha:	10/23/2021





**ADVANCED  
DIAGNOSTICS**  
HEALTHCARE SYSTEM

Al firmar mi firma a continuación, estoy declarando que mis respuestas a las siguientes preguntas son verdaderas; y también estoy declarando que entiendo que Advanced Dallas Hospital & Clinics, LLC (en adelante, "ADHC" o simplemente el "Hospital") confiará en mis respuestas. Por lo tanto, colocaré una marca en el cuadro junto a la respuesta correcta / verdadera a cada una de las siguientes preguntas.

1. ¿Es la atención hospitalaria y el tratamiento que está buscando de ADHC, en este momento, para lesiones causadas por un accidente que se atribuye a la negligencia de otra persona? ☒ Sí ☐ No

- A. Si respondió "sí" a la pregunta 1, indique el nombre de la persona y / o empresa cuya negligencia causó su lesión:

Timothy Hill -> XPO Logistics

- B. Si respondió "sí" a la pregunta 1, indique la fecha en que se lesionó: 10/23/2021

- C. Si respondió "sí" a la pregunta 1, indique la ubicación/dirección donde se lesionó:

240 divided dr coppel

2. ¿Fue admitido en algún hospital para el tratamiento de las lesiones de las que ahora está buscando tratamiento, dentro de las 72 horas (3 días) posteriores al accidente que causó sus lesiones? ☐ Yes ☒ No

3. ¿Ya ha estado hospitalizado en algún hospital más de 100 días, durante los cuales recibió atención hospitalaria y tratamiento de las mismas lesiones que sufrió en el accidente que se le preguntó en la Pregunta 1 anterior? ☐ Yes ☒ No

4. ¿Es la atención hospitalaria y el tratamiento que está buscando de ADHC, en este momento, por sus lesiones que sufrió durante un accidente que ocurrió mientras estaba en el trabajo? ☒ Yes ☒ No

- A. Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿su empleador era el gobierno federal o alguna agencia, departamento o rama del gobierno federal? ☐ Yes ☒ No

- B. Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿su empleador estaba suscrito a una póliza de Seguro de Compensación al Trabajador? ☐ Yes ☐ No

- C. Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿ocurrió su lesión en las aguas navegables de los Estados Unidos (incluidos cualquier muelle contiguo, muelle, dique seco, terminal, camino de construcción, ferrocarril marítimo u otra área contigua utilizada habitualmente por un empleador en la carga, descarga, reparación, desmantelamiento o construcción de un buque)? ☐ Yes ☐ No

- D. Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿su empleador era propietario u operador de una compañía ferroviaria? ☐ Yes ☐ No

Al firmar a continuación, prometo que he dado respuestas veraces a las preguntas; y también estoy reconociendo que es razonable que ADHC confíe en la veracidad de cada una de mis respuestas.

Por: \_\_\_\_\_

Fecha: 10/23/2021

Nombre impreso del paciente: Ana E. Vasquez Flores.

Domicilio del paciente: 5845 rancho dr quinlan tx 75474

COLOQUE LA ETIQUETA DEL PACIENTE AQUÍ

VASQUEZ, ANA

SEX: FEMALE AGE: 38 VISIT ID: 234617

MRN: 266686

DOB: 08/01/1983

DR. BURKETT

DOS: 10/23/2021

accidente # ADHC 208



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## ED Provider Assessment

### First Contact with Patient

20:52, 10-23-2021

### Chief Complaint

MVA

### HPI

Pt is a 38 yo female sp mvc today. Pt was a restrained driver in an MVC this morning, was driving in a parking lot when a car backed into the side of her car. She reports having immediate diffuse pain. Pain worse in the head, posterior aspect of the neck, upper back, lower back, bilateral lower quadrants. No numbness or weakness but the back pain radiates around to the bilateral hips, no nausea or vomiting, no other associated symptoms.

### Problems

No known problems

### Home Medications

None Recorded

### Allergies

NKDA

### Surgical History

right wrist surgery

### Social History

#### Diet and Exercise

What type of diet are you following?: Regular

What is your exercise level?: Occasional

#### Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing?: No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

#### Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

#### Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

#### Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

#### Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

#### Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)? : Not at all

Do you wear a helmet when biking?: No



**VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)**

Do you use your seat belt or car seat routinely?: No

**COVID 19 Vaccine**

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

**Inpatient - Always Shown**

VTE SCREENING COMPLETE: No

**Gender Identity and LGBTQ Identity**

First name used: ANA

**Family History**

Father - No current problems or disability

Mother - No current problems or disability

**ROS**

**ROS as noted in the HPI**

**Physical Exam**

Patient is a 38-year-old female.

**Head:** Head: normocephalic and atraumatic.

**Eyes:** Lids and Conjunctivae: conjunctiva clear left and right, no pallor left eye or right eye, no ptosis left eye or right eye, and non-injected left eye and non-inject right eye. Extraocular Movement: intact left eye and right eye. Lens: clear left eye. Sclerae: non-icteric: . Vision: peripheral vision grossly intact.

**ENMT:** Ears: no lesions on external left ear or external right ear, left external auditory canal clear and tympanic membrane clear, and right external auditory canal clear and tympanic membrane clear. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

**Respiratory:** Respiratory effort: unlabored respirations and no use of accessory muscles. Percussion: no dullness, flatness, or hyperresonance. RUL Auscultation: breath sounds normal and good air movement. RLL Auscultation: breath sounds normal and good air movement. LUL Auscultation: breath sounds normal and good air movement. LLL Auscultation: breath sounds normal and good air movement.

**Gastrointestinal:** Inspection and Palpation: LUQ soft, non-distended, and no tenderness; LLQ soft and non-distended; RUQ soft, non-distended, and no tenderness; RLQ soft and non-distended; and **LLQ tenderness and RLQ tenderness.**

**Musculoskeletal::** Gait and Station: normal gait. Joints, Bones, and Muscles: normal movement of all extremities and no contractures; **moderate ttp over the lower cervical paraspinal muscles bilaterally, moderate ttp over the mid thoracic paraspinal muscles, and moderate ttp over diffusely over the lumbar spine. Mild ttp over the lateral aspect of the bilateral hips. No other ttp over the extremities, intact sensation and strength and pulses in all 4 ext..**

**Neurologic:** Orientation: oriented to person, place, time and situation. Cranial Nerves: 2-12 grossly intact. Motor Strength and Tone: normal tone. Sensation: grossly intact; **intact sensation to light touch and position sense in all 4 ext**



**VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)**

Vital	Most Recent	Time	1 Hour Range
Oxygen saturation	99 % room air	10-23-2021 20:57	99 % - 99 %
Height	4 ft 11 in (149.86 cm)	10-23-2021 20:57	4 ft 11 in (149.86 cm) - 4 ft 11 in (149.86 cm)
BMI	31.331	10-23-2021 20:57	31.331 - 31.331
Weight	155 lbs 2 oz (70.36 kg)	10-23-2021 20:57	155 lbs 2 oz (70.36 kg) - 155 lbs 2 oz (70.36 kg)
Respiratory rate	18	10-23-2021 20:57	18 - 18
Blood pressure	110 / 87 (95) sitting upper arm - left adult	10-23-2021 20:57	110/87 - 110/87
Heart rate	93 bpm regular pulse oximeter	10-23-2021 20:57	93 bpm - 93 bpm
Temperature	98.6 °F oral (37 C)	10-23-2021 20:57	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	7 numeric	10-23-2021 20:57	7 - 7

**Intake & Output 24 Hour Total**

Intake 0.0mL

Output 0.0mL

Net Balance 0mL

More recent vital readings have been recorded

**ED Course**

Discussed with pt, no obvious serious injuries seen by radiology on cts and xrays. Also discussed limitations on sensitivity of these imaging techniques and that some serious injuries may be missed. She may need an MRI as an outpt, and to f/u with spine, ortho, and trauma team without fail. Pt acknowledged all of these things and agreed with plan.

10-24-2021 20:03

**Medical Decision Making**

None recorded

**Diagnoses**

- strain of back muscle - Onset: 10/23/2021
- strain of neck muscle - Onset: 10/23/2021
- vehicle accident - Onset: 10/23/2021
- headache - Onset: 10/23/2021

Signed by JOSEPH\_BURKETT\_MD2021 20:03, 10-24-



Unable to use pain scale: other: N/A



**VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)**

**Problems**

No known problems

**Surgical History**

right wrist surgery

**Vaccines**

tetanus <5 years

**Family History**

Father - No current problems or disability

Mother - No current problems or disability

**Social History**

**Diet and Exercise**

What type of diet are you following?: Regular

What is your exercise level?: Occasional

**Activities of Daily Living**

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

**Public Health and Travel**

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

**Substance Use**

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

**Home and Environment**

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

**Lifestyle**

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)? : Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

**COVID 19 Vaccine**

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

**Inpatient - Always Shown**

VTE SCREENING COMPLETE: No

**Gender Identity and LGBTQ Identity**

Signed by 21:26, 10-23-  
Angela 2021

Ikeji



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

## ED Triage Notes

### Chief Complaint

MVA

### Acuity

4 (Semi-Urgent)

### Home Medications

None Recorded

### Allergies

NKDA

### Nursing Assessment

spanish interpreter used for RN nursing assessments. patient complained of MVA on 10/23/21 around 12 noon. Patient rates pain 7/10. Patient complained pain at back of the head, back of the neck, lower back pain. Bilateral thigh pain that radiates to the knees. Patient denies feeling unconscious during the accident. Patient is alert and oriented X4, on room air. VSS, IV catheter in place and patient tolerated. Labs drawn and Xrays obtained. Patient states having hysterectomy about 4 year ago Safety maintained. No apparent distress. Spouse at bedside. Continue to monitor.

Created by 20:53, 10-23-  
Angela 2021  
Ikeji

Signed by 22:37, 10-23-  
Angela 2021  
Ikeji



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## Shift Notes

### Nursing Assessment

2110~Updated patient on plan of care , to include initiating IV access and drawing labs. Patient verbalized understanding of plan. LVN explained procedure for inserting IV. All of patients questions answered prior to IV insertion. All supplies gathered at bedside. Confirmed that patient has no limb restrictions. Identified vein for IV insertion. Applied tourniquet. Inserted 20 g IV into right AC. Blood return verified, labs drawn for CBC, BMP, CMP. 10 ml saline flush per protocol. IV flushed w/o resistance. Secured IV w/ plastic tape and IV dressing. Patient tolerated procedure well w/o adverse reaction.

Created by 21:59, 10-23-  
Burnett\_Sonia\_RN2021

Signed by 22:13, 10-23-  
Burnett\_Sonia\_RN2021



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## Nursing Notes

Date: 10/23/2021 19:55 to 10/23/2021 23:25

- Burnett\_Sonia\_RN  
21:50, 10-23-2021  
Pt returned from imaging via w/c, ambulated back to stretcher. SR up x 2, call light in reach. Pt's husband at bedside.
- Burnett\_Sonia\_RN  
21:48, 10-23-2021  
BMP lab results given to physician.
- Burnett\_Sonia\_RN  
21:45, 10-23-2021  
Per physician's orders, patient to undergo CXR/MRI. LVN explained plan of care to patient, answered all of patient's questions, patient verbalized understanding of POC. Pt able to ambulate to w/c w/o difficulty. Pt transported to imaging in w/c accompanied by Radiology tech.
- Burnett\_Sonia\_RN  
21:41, 10-23-2021  
Quest lab called for pickup for a stat CBC, CMP. Confirmation number 115348272.
- Burnett\_Sonia\_RN  
21:40, 10-23-2021  
BUN/CR results reported to MD and Radiology tech. (see lab results)
- Burnett\_Sonia\_RN  
21:15, 10-23-2021  
CBC, BMP, CMP labs labeled at pt bedside in front of pt. Placed in biohazard bag and transported to lab. CMP spun down.
- Burnett\_Sonia\_RN  
20:55, 10-23-2021  
Pt given specimen cup for UA HCG and UA micro and directed to patient restroom. Specimen obtained and labeled in front of patient, placed in biohazard bag. Transported to lab and ran by Julian, LVN.
- Angela Ikeji  
20:30, 10-23-2021  
Patient came to the ED by 20:30 with C/O MVA and back of the head pain, neck pain, lower back pain, and bilateral thigh pain radiating to the knees. Patient denies unconscious during the accident event. Patient states she was the driver and wearing seat belt and denies vehicle air bag deployment. Patient alert and oriented, on room air, ambulatory, Labs drawn per order. IV catheter in place and patient tolerated. Safety maintained. Will continue to monitor.



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## Orders

TX - Advanced DiagnosticsADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Imaging Order

**Date Ordered: 10/23/2021 20:50:21**

Order CT head/brain w/dye(70450) once pain after mvc  
now

Accession ID: 1905501NT13131

CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:02

Printed: 06/16/2022 23:09:58 by

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Imaging Order

**Date Ordered: 10/23/2021 20:50:21**

Order CT cervical spine w/dye(72125) once pain after mvc  
now

Accession ID: 1905515NT13131

CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:02

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Imaging Order

**Date Ordered: 10/23/2021 20:50:21**

Order CT chest w/dye(71260) once pain after mvc now

Accession ID: 1905499NT13131

CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:02

Printed: 06/16/2022 23:09:58 by



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Imaging Order

**Date Ordered: 10/23/2021 20:50:21**

Order CT abdomen & pelvis W dye(74177) once pain after mvc  
now

Accession ID: 1905511NT13131

CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:02

Printed: 06/16/2022 23:09:58 by

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Lab Order

**Date Ordered: 10/23/2021 20:50:21**

Order CBC once now

Sample collected by nurse

CPOE order by Joseph Burkett,  
MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:01

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Lab Order

**Date Ordered: 10/23/2021 20:50:21**

Order BMP once now

Sample collected by nurse

CPOE order by Joseph Burkett,  
MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:01

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Lab Order

**Date Ordered: 10/23/2021 20:50:21**

Order CMP once now

Sample collected by nurse

CPOE order by Joseph Burkett,

MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:01

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Lab Order

**Date Ordered: 10/23/2021 20:50:21**

Order urinalysis W micro auto once now

Sample collected by nurse

CPOE order by Joseph Burkett,

MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:00

Printed: 06/16/2022 23:09:58 by



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Imaging Order

**Date Ordered: 10/23/2021 20:50:21**

Order xr hip 2+ vws right(73502) once pain after mvc now

Accession ID: 1905514NT13131

CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 21:28

Acknowledged by sburnett35 2021-10-23 21:02

Discontinued by jburkett17 2021-10-23 21:28

Discontinued Reason: wrong order

Discontinue Signed by jburkett17 2021-10-23 21:28

Discontinue Acknowledged by sburnett35 2021-10-23 21:53

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VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Imaging Order

**Date Ordered: 10/23/2021 20:50:21**

Order xr hip 2+ vws left(73502) once pain after mvc

now

Accession ID: 1905521NT13131

CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 21:28

Acknowledged by sburnett35 2021-10-23 21:02

Discontinued by jburkett17 2021-10-23 21:28

Discontinued Reason: wrong order

Discontinue Signed by jburkett17 2021-10-23 21:28

Discontinue Acknowledged by sburnett35 2021-10-23 21:53

Printed: 06/16/2022 23:09:58 by



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

TX - Advanced DiagnosticsADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Nursing Order

**Date Ordered: 10/23/2021 20:50:21**

Order cervical spine precautions ongoing now  
CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50

Signed by jburkett17 2021-10-23 20:50

Acknowledged by sburnett35 2021-10-23 21:01

Discontinued by ATHENA 2021-10-23 23:27

Discontinued Reason: Patient was discharged.

Discontinue Signed by ATHENA 2021-11-24 03:09

Printed: 06/16/2022 23:09:58 by

TX - Advanced DiagnosticsADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

## Lab Order

**Date Ordered: 10/23/2021 20:53:48**

Order HCG qualitative, urine once now  
Sample collected by nurse  
CPOE order by Joseph Burkett,  
MD

Entered by jburkett17 2021-10-23 20:53

Signed by jburkett17 2021-10-23 20:53

Acknowledged by sburnett35 2021-10-23 21:00

Printed: 06/16/2022 23:09:58 by



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

**Imaging Results****CT Abdomen & Pelvis W Dye(74177)**

Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Abdomen & Pelvis W Dye(74177)

Observation	Interpretation
	<p>CT of the abdomen and pelvis with contrast.     Findings:  Helicallly acquired CT images were obtained through the abdomen and pelvis with contrast. Reformats were obtained in 2 planes. Total DLP is 1265.24. 95 cc of Omnipaque 300 was injected intravenously.  CT was performed observing ALARA principles.  Comparison: None.  Clinical indication: MVC, pain.  Visualized lung bases are clear. The liver, gallbladder, pancreas, spleen, adrenal glands and kidneys bilaterally appear unremarkable. Caliber of the aorta is normal. Urinary bladder is seen normally. Uterus grossly appears normal. Right ovary measures 4.0 cm x 2.8 cm and appears unremarkable. Left ovary measures 5.4 cm x 3.1 cm and shows a cyst measuring 3.7 cm x 2.5 cm. No free fluid or free air is seen. No bowel obstruction/constipation is seen. Appendix appears normal. Small umbilical hernia containing fat is seen. No fracture is noted.     Impression: Abdominal viscera are intact. Left ovarian cyst. No fracture is noted.</p> <p>ELECTRONICALLY SIGNED BY MATHUR CHAND on 10/23/2021 22:22:19</p>



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

CT Chest w/Dye(71260)

Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Chest w/Dye(71260)

Observation	Interpretation
	<p>CT of the chest with contrast.     Findings:  Post contrast helical images were obtained through the chest. Reformats were obtained in 2 planes. Total DLP is 1265.34. 95 cc of Omnipaque 300 was injected intravenously.  The study was performed utilizing ALARA principles.  Comparison: None.  Clinical indication: Pain, MVC.  Thyroid gland appears normal.  Caliber of the aorta is normal. Heart size is normal. No pericardial or pleural effusions are noted. No gross adenopathy is seen. Trachea and airways are patent. No lung infiltrates or pneumothorax is seen. No evidence of hypersensitivity pneumonitis is evident. No mass lesion is evident.  The visualized upper abdomen is grossly unremarkable. No suspicious bone lesion is seen. No fracture is noted.     Impression: No lung infiltrates or evidence of acute lung lesion is noted.</p> <p>ELECTRONICALLY SIGNED BY MATHUR CHAND on 10/23/2021 22:17:16</p>



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

**CT Cervical Spine Wo/Dye(72125)**

Result date	10/23/2021 21:35
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Cervical Spine Wo/Dye(72125)

Observation	Interpretation
	<p>CT of the cervical spine without contrast.     Findings:  Axial images obtained through the cervical spine without contrast. Reformats were obtained. Total DLP is 425.53. CT was performed observing ALARA principles.  Clinical indication: MVC, pain.  Slight reversal of the lordotic curve of the spine is seen. Height of vertebrae and disc spaces are maintained. No definite fracture is seen.  Neural canal is intact. No arthritic changes are seen.   Soft tissue grossly appear normal.     Impression: No fracture or arthritic changes are seen. If patient's pain persist MRI should be obtained for greater sensitivity.</p> <p>ELECTRONICALLY SIGNED BY MATHUR CHAND on 10/23/2021 21:37:43</p>



VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

## CT Head/Brain Wo/Dye(70450)

Result date	10/23/2021 21:33
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Head/Brain Wo/Dye(70450)

Observation	Interpretation
	<p>CT of the head without contrast.  Technique:  Multiple axial sections were obtained from the skull base to the vertex. Reformats in 2 planes were obtained. CT was performed observing ALARA principles.  The total DLP is 927.95.  Comparison: None.  Clinical indication: Headache, MVA.  Findings:  There is no mass effect, intracranial hemorrhage or extra-axial fluid collection. The ventricles and sulci appear normal. There is no evidence of acute infarction or focal lesion. No fracture is seen. Sinuses and mastoid air cells are clear.   Impression:  1. No intracranial lesion is seen.</p> <p>ELECTRONICALLY SIGNED BY MATHUR CHAND on 10/23/2021 21:36:43</p>



## Patient Discharge Instructions

Date: 10/23/2021 19:55 to 10/23/2021 23:25

## Patient Discharge Instructions

AD Hospital East, LLC



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

7502 Greenville Avenue, DALLAS, TX 75231-3802

Phone: (469) 221-6000 | Fax: (713) 383-4446

Name  
Ana Emeratriz Vasquez Flores

DOB  
08-01-1983

Home Phone  
(469) 671-1659

ID  
266686

Dear Ana Emeratriz Vasquez Flores,  
Below is a summary of your hospital visit. If you have any questions about the care you received, please call AD Hospital East, LLC at (469) 221-6000.

## Your Visit Details

**Admitted On:** None recorded

**Admit Attending:** None recorded

**Admitted For:** None recorded

**Discharged On:** 23:25, 10-23-2021

**Discharge Attending:**  
Joseph Burkett,  
\_MD

**Discharged With:**  
headache; vehicle accident; strain of neck muscle; strain of back muscle

## Discharge Instructions

### Patient Instructions

Please follow up with the trauma team and spine physicians without fail. Please return to the ER immediately if you have increased pain or any other new or concerning symptoms.

Entered by 23:00, 10-23-  
JOSEPH\_BURKETT\_MD2021

## Medications

*\*Medication reconciliation did not occur, please consult your PCP for further information.*

Medications listed under **Start** are new medications you are being given.



VASQUEZ FLORES, Ana EMERATRIZ (id #266686, dob: 08/01/1983)

**Start These Medications**

No medications need to be started at this time.

**Education**

Refer to the following educational materials for more information about your diagnoses, medications, and other important information:

- back strain: care instructions
- headache: care instructions
- neck strain: care instructions

**Patient's  
Signature**

**Date**

**Nurse's  
Signature**

**Date**



**AFFIDAVIT CONCERNING COST AND NECESSITY OF MEDICAL SERVICES**  
**PER §18.001 of the CIVIL PRACTICE AND REMEDIES CODE**

THE STATE OF TEXAS

COUNTY OF DALLAS

RECORDS PERTAINING TO: Ana E. Vasquez

Date of Birth: 8 / 01 / 1983

Dates of Service: 11 / 23 / 2021

BEFORE ME, the undersigned authority personally appeared Uchenna Obiuku who, being by me duly sworn, and deposed as follows:

My name is Uchenna Obiuku. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the person who provided the service or the custodian of records for Ideal Pain & Injury. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that Ideal Pain & Injury provided to the patient on the dates of service referenced above. The attached records are a part of this affidavit.

The attached records are kept by Ideal Pain & Injury in the regular course of business and it was the regular course of business of Ideal Pain & Injury for an employee or representative of Ideal Pain & Injury, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the service was provided.

The total amount paid for the services was \$ 0.00 and the amount currently unpaid but which Ideal Pain & Injury has a right to be paid after any adjustments or credits is \$ 11,436.50.

AFFIANT Signature: Uchenna Obiuku

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4<sup>th</sup> day of March, 2022.



Dayana Alvarez  
Notary Public in and for the State of Texas  
My commission Expires: 12/22/2024



**Ideal Pain and Injury**  
 13101 Preston Rd, Ste 480  
 Dallas, TX 75240  
 Phone: 972-863-9481 Fax: 972-863-9461

## Superbill

**Superbill Date:** 03/04/2022

**Service** 11/23/2021 thru 2/18/2022

**Patient Information**

 Ana Vasquez  
 5845 Rancho Dr  
 Quinlan, TX 75474

**Account:** 4395

**Date of birth:** 8/1/1983

**Employer:** Prestonwood Landscape

**Payor Information**
**Insurance Phone:**
**Insured ID:**
**Insurance Policy Group:**
**Insurance Plan Name:**

**Di:** (M54.12) Radiculopathy, cervical reg. (M54.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical lgts, initl. (S23.3XXA) Sprain of lgts of thoracic spine. (S33.5XXA) Sprain of lumbar lgts, initial. (S33.8XXA) Sprain of other parts of lumbar/pelvis. (M62.838) Other muscle spasm. (M60.9) Myositis, unspecified. (R51) Headache

Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
11/23/2021	CSV	99203		1	NP Detailed 99203	10/23/2021	11	0.00	400.00
11/23/2021	CSV	99000		1	Report I/O	10/23/2021	11	0.00	175.00
11/23/2021	CRG	99070		1	Supplies & Materials provided by physician	10/23/2021		0.00	100.00
11/23/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
11/23/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
11/23/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
11/23/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
11/23/2021	CSV	97035		1	Ultrasound 97035	10/23/2021	11	0.00	66.00
11/30/2021	CSV	99212		1	EP Problem Focused 99212	10/23/2021	11	0.00	225.00
11/30/2021	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
11/30/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
11/30/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
11/30/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
11/30/2021	CSV	97035		1	Ultrasound 97035	10/23/2021	11	0.00	66.00
12/01/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/01/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/01/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
12/01/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/01/2021	CSV	97035		1	Ultrasound 97035	10/23/2021	11	0.00	66.00



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Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
12/02/2021	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
12/02/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/02/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/02/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
12/02/2021	CSV	97035		1	Ultrasound 97035	10/23/2021	11	0.00	66.00
12/03/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/03/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/03/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
12/03/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/03/2021	CSV	97530		1	Therapeutic Activities (Initial) 97530	10/23/2021	11	0.00	64.00
12/21/2021	CSV	99213		1	EP Expanded 99213	10/23/2021	11	0.00	270.00
12/21/2021	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
12/21/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/21/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/21/2021	CSV	97110		1	Therapeutic Exercise 97110	10/23/2021	11	0.00	89.00
12/22/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/22/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/22/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/23/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00



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Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
12/23/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	75.00
12/23/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/23/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/23/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/27/2021	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
12/27/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	75.00
12/27/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/27/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/28/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	75.00
12/28/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/28/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/28/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/29/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	75.00
12/29/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/29/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/29/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/30/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	75.00
12/30/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/30/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00

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Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
12/30/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/03/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/03/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/03/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
01/03/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/04/2022	CSV	99212		1	EP Problem Focused 99212	10/23/2021	11	0.00	225.00
01/04/2022	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
01/04/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/04/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/04/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/05/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/06/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/06/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
01/06/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/11/2022	CSV	99213		1	EP Expanded 99213	10/23/2021	11	0.00	270.00
01/11/2022	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
01/11/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/11/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/11/2022	CSV	97110		1	Therapeutic Exercise 97110	10/23/2021	11	0.00	89.00

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## Superbill

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Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
01/11/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/13/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/13/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/13/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
01/13/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/13/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/19/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/19/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/19/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
01/19/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/19/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/20/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/20/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/20/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
01/20/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/20/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/26/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/26/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/26/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00

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Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
01/25/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/26/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/27/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/27/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/27/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
01/27/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/27/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
02/10/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
02/10/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
02/10/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
02/10/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
02/10/2022	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
02/18/2022	CSV	99213		1	EP Expanded 99213	10/23/2021	11	0.00	270.00
02/18/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
02/18/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
02/18/2022	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
02/18/2022	CSV	97110		1	Therapeutic Exercise 97110	10/23/2021	11	0.00	89.00
02/18/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
02/18/2022	CSV	99080		1	Report /ID	10/23/2021	11	0.00	175.00

Printed: 3/4/2022 11:09:53 AM

Page 6 Of 7



**Ideal Pain and Injury**  
 13101 Preston Rd, Ste 480  
 Dallas, TX 75240  
 Phone: 972-863-9481 Fax: 972-863-9461

## Superbill

Superbill Date: 03/04/2022

Service 11/23/2021 thru 2/18/2022

### Patient Information

Ana Vasquez  
 5845 Rancho Dr  
 Quinlan, TX 75474

Account: 4395

Date of birth: 8/1/1963

Employer: Prestonwood Landscape

### Payor Information

Insurance Phone:

Insured ID:

Insurance Policy Group:

Insurance Plan Name:

Dx: (M54.12) Radiculopathy, cervical reg. (M54.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical lgts, initl., (S23.3XXA) Sprain of lgts of thoracic spine, (S33.5XXA) Sprain of lumbar lgts, initial, (S33.8XXA) Sprain of other parts of lumbar/pelvis, (M62.838) Other muscle spasm, (M60.9) Myositis, unspecified, (R51) Headache

### Provider Information

Name: Uchenna Obiuku, D.C.

License: 13456

Tax ID: 84-5062488

NPI: 1275067472

Total Charges \$11,436.50

Total Taxes \$0.00

Total \$11,436.50



**MEDICAL RECORDS AFFIDAVIT**

THE STATE OF TEXAS

COUNTY OF DALLAS

RECORDS PERTAINING TO: Ana E. Vasquez

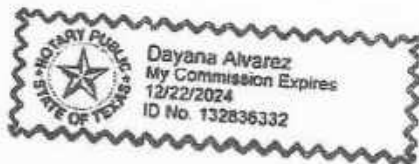
**Date of Birth:** 8 / 01 / 1983

**Dates of Service:** 11 / 23 / 2021

1. I am the custodian of the records or I am an employee or owner of Ideal Pain & Injury and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.
2. Attached are 61 pages of records. These are the original records or exact duplicates of the original records.
3. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth.
4. The records were made by, or from information transmitted by, persons with knowledge of the matters set forth.
5. The records were kept in the course of regularly conducted business activity.

AFFIANT Signature: *Ucheana Obasi*

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4<sup>th</sup> day of March, 2022.



*Dayana Alvarez*  
Notary Public in and for the State of Texas

My commission Expires: 12/22/2024





# IDEAL CHIROPRACTIC PAIN & INJURY

3201 West Airport Freeway, Ste. 104

IRVING, TX 75062

Phone: 972-252-7246

Fax: 972-252-7342

Patient Name: Ana E. Vasquez DOB 08/01/1983 SSN/ID# -

Clinic: Ideal Pain and Injury - IRVING

## PARTIAL CLAIMS AGREEMENT / JOINT CHECK AGREEMENT

Patient, (or if a minor), on behalf of Ana Vasquez hereby IRREVOCABLY ASSIGNS to Ideal Chiropractic Pain and Injury in consideration of deferred billing and collection to Ideal Chiropractic Pain and Injury any claim or claims, cause in action, demand and cause or causes of action, of whatsoever kind and nature, that have now or may have in the future for injuries or damages as a result of an accident or incident occurring on or about the 23 day of October, 2021, to the extent of charges for medical services or related goods provided, or for medical services or related goods to be provided by Ideal Chiropractic Pain and Injury. If this assignment is made on behalf of a minor the parent or guardian assigns only the cause of action such parent or guardian has for recovery of the minor's medical expenses incurred as a result of said accident or incident.

Ideal Chiropractic Pain and Injury shall not be liable for any costs and/or expenses associated with any claims or litigation unless Ideal Chiropractic Pain and Injury files that litigation. Ideal Chiropractic Pain and Injury shall have no duty whatsoever to prosecute the claim or litigation. Nothing herein shall prevent patient from pursuing any claim or litigation which patient otherwise has the right to pursue and which patient has not assigned to Ideal Chiropractic Pain and Injury. Ideal Chiropractic Pain and Injury may pursue any legal remedies as your assignee to collect its medical bills. Patient may not settle any case involving recovery of Ideal Chiropractic Pain and Injury medical bills without the written permission of Ideal Chiropractic Pain and Injury. If a lawsuit is filed by either the patient or Ideal Chiropractic Pain and Injury, arising from said accident or incident, the non-filing party may intervene in the filed lawsuit and may not file a second lawsuit arising from the same accident or incident.

In the event Ideal Chiropractic Pain and Injury seeks and receives payment from a Worker's Compensation insurance policy for its medical treatment of patient then this Partial Claims Assignment / Joint Check Agreement shall not apply. This Partial Claims Assignment / Joint Check Agreement is applicable to any claims involving work related injuries against employers (including employers who did not subscribe to Worker's Compensation Insurance) or third parties.

I IRREVOCABLY instruct and direct any third party, whether or not I am represented by an attorney, making payment of damages incurred by patient as a result of said accident or incident, to make payment by check, draft or other remittance jointly to Ideal Chiropractic Pain and Injury and patient / parent / guardian (and/or Attorney) and deliver such payment to 3201 West Airport Freeway, Ste 104 Irving, TX 75062.

Ideal Chiropractic Pain and Injury will provide physicians who will direct medical/chiropractic care for injuries for which patient is currently seeking treatment. The patient promises to pay usual and customary charges for Ideal Chiropractic Pain and Injury for chiropractic/ medical treatment.

Signed this 23 day of November, 2021.

[Signature]  
Patient/Parent / Guardian

## LIMITED POWER OF ATTORNEY

I hereby irrevocably grant Ideal Chiropractic Pain and Injury the power to endorse my name upon any checks, drafts, or other negotiable instruments representing payment from any insurance company for chiropractic/ medical services or related goods provided by Ideal Chiropractic Pain and Injury.

Signed this 23 day of November, 2021.

[Signature]  
Patient/Parent / Guardian

## INSTRUCTION TO MY ATTORNEY

I authorize and direct any attorney retained by me at any time, to pay directly to Ideal Chiropractic Pain and Injury all money for services rendered or goods provided to me, and to withhold such sums from the proceeds of my portion of any settlement, claim, judgment or jury verdict. THIS INSTRUCTION IS IRREVOCABLE UNLESS ALL PARTIES AGREE TO REVOKE THE INSTRUCTION IN WRITING.

Signed this 23 day of November, 2021.

[Signature]  
Patient/Parent / Guardian

As used in the above BASIC AGREEMENT; PARTIAL CLAIMS ASSIGNMENT/JOINT CHECK AGREEMENT; LIMITED POWER OF ATTORNEY; and INSTRUCTIONS TO MY ATTORNEY, the term Ideal Chiropractic Pain and Injury shall mean Ideal Chiropractic LLC, Ideal Chiropractic Pain & Injury. I have read the above sections and I fully understand them.

Signed this 23 day of November, 2021.

Accepted: Ideal Chiropractic Pain and Injury by [Signature]

[Signature]  
Patient





**IDEAL CHIROPRACTIC  
PAIN & INJURY**

3801 West Airport Freeway, Ste. 104

IRVING, TX 75062

Phone: 972-252-7246

Fax: 972-552-7242

### ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF DALLAS

The foregoing **Partial Claims Assignment/Joint Check Agreement**, attached hereto and incorporated by reference was acknowledged before on this 23 day of November, 2021 by

Ana E. Vasquez Flores AKA

Patient/ Parent/ Guardian

Printed Name

Signature

Relationship

SWORN AND SUBSCRIBED TO BEFORE ME, the undersigned Notary Public, on this 23 day of November, 2021

(SEAL)



[Signature]  
Notary Public in and for the STATE OF TEXAS

My Commission Expires: 12/22/2024





**IDEAL PAIN & INJURY**  
NORTH DALLAS

13101 Preston Rd, Ste. 480 Dallas, TX 75240

Phone: 972-863-9481 Fax: 972-863-9461

## **INITIAL REPORT:**

Patient: Ana Vasquez

Date of Injury: 10/23/2021

Date of Exam: 11/23/2021

### **To Whom It May Concern:**

Patient Ana Vasquez presented to this office on 11/23/2021 for treatment of injuries suffered as a result of a motor vehicle wreck, which occurred on 10/23/2021. Mrs. Vasquez reports sharp and achy pain in her left elbow with overhead and grasping activities. Mrs. Vasquez reports pain to her mid back, and low back pain that moves towards the buttocks. Patient reports sharp and dull achy pain to upper back and neck pain that travels to her left shoulders, there is soreness and achy pain with difficulty in all ranges of motion in her right knee, and this started after the car wreck. She also states that her daily activities have been significantly affected with regards to home activities, working, sitting, lifting, overhead, sleeping, lying, and bending.

Physical examination shows painful palpation and spasm of her cervical, thoracic, lumbar, right knee and left Shoulder. Her cervical range of motion is increased in all planes with pain. Her left elbow and right Knee range of motion is decreased with pain in all planes. Orthopedic evaluation of her cervical spine reveals pain with Maximum Compression, Neck Compression, Valsalva, Active/Passive O' Donoghues, and right Shoulder Depressor indicating a neck injury. Bechterew test, Kemp's test, Bilateral straight Leg raises, Yeomans and Nachlas are all positive for low back injury. Cozens, and Mills' tests are all positive for Left elbow injury. Orthopedic evaluation of her right knee reveals pain with Valgus and Varus stress test, Patellar grinding Test. All reflexes are normal. All Dermatomal findings are normal.

### **Diagnosis Codes:**

M54.12- Cervical Radiculitis  
M54.16- Lumbar Radiculitis  
S13.4XXA -Cervical sprain/strain  
S23.3XXA -Thoracic sprain/strain  
S33.5XXA-Lumbar sprain/strain  
S33.8XXA-Lumbosacral sprain/strain  
S53.402A -Left elbow Sprain/strain  
S83.91XA- Right knee sprain/strain  
M25.522-Pain in Left elbow  
M25.561- Pain in right knee  
M60.9 - Myofascitis  
M62.838 -Deep and superficial muscle spasm  
G47.9-Sleep disturbance  
R51-Headaches





**IDEAL PAIN & INJURY**  
NORTH DALLAS

Mrs. Vasquez will be undergoing chiropractic care and physical therapy for 2-3 weeks, at which time his condition will be re-evaluated at regular intervals and updated recommendations can be made.

Uchenna Obiuku, D.C





**IDEAL PAIN & INJURY**  
NORTH DALLAS

13101 Preston Rd, Ste. 480 Dallas, TX 75240  
Phone: 972-863-9481 Fax: 972-863-9461

## **DISCHARGE REPORT:**

Patient: Ana E. Vasquez  
Date of Injury: 10/23/2021  
Date of Exam: 02/18/2022

### **To Whom It May Concern:**

Patient Ana E Vasquez was discharged from care to PRN on 02/18/2022. She was being treated for injuries suffered due to a motor vehicle wreck, which occurred on 10/23/2021. Mrs. Vasquez may continue to experience intermittent neuromuscular pain and headaches that could have to be addressed in the future.

### **Future treatment may include:**

Chiropractic Care (Est. \$18,000)

Medical Consultation/Injections (Est. \$17,800)

### **Diagnosis Codes:**

M54.12- Cervical Radiculitis

M54.16- Lumbar Radiculitis

S13.4XXA -Cervical sprain/strain

S23.3XXA -Thoracic sprain/strain

S33.5XXA-Lumbar sprain/strain

S33.8XXA-Lumbosacral sprain/strain

S53.402A -Left elbow Sprain/strain

S83.91XA- Right knee sprain/strain

M25.522-Pain in Left elbow

M25.561- Pain in right knee

M60.9 - Myofascitis

M62.838 -Deep and superficial muscle spasm

G47.9-Sleep disturbance

R51-Headaches

All medical notes and diagnostic testing reports have been provided to you, along with any other doctor's notes.

In my professional opinion, this patient's symptoms and diagnoses are consistent with and related to the above dated accident.

Ucheenna Obiuku, D.C.



**IDEAL CHIROPRACTIC  
PAIN & INJURY**

3001 West Airport Freeway, Ste. 1014

IRVING, TX 75062

Phone: 972-252-1246

Fax: 972-252-1242

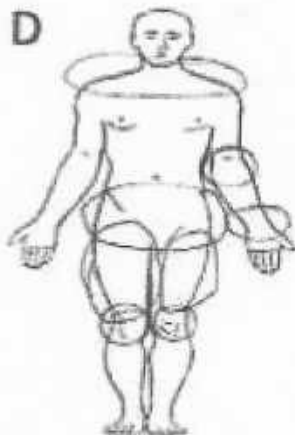
**SINTOMAS DE DOLOR****Información del Paciente**NOMBRE: Ana E. Vazquez FloresPESO: 155 librasALTURA: 4 PIES 8 PULGADASPRESION de sangre: 1 / 1

LOCALIDAD DEL DOLOR:

cuello, hombros, espalda baja, cadera, piernas rodillasFIRMA: XFECHA: 11/23/24**DEMOSTRAR**

Marca en las figuras del cuerpo humano donde está el dolor y el tipo de dolor que sientes.

Descripción:	Endormimiento	Ardor	Adolorido	Punzado	Hormigueo
Símbolo:	===	XXX	OOO	///	+++

**NO ESCRIBAS ABAJO****DOCTOR'S NOTES:**

La paciente refiere dolor en la zona de la espalda baja, cadera, rodillas, y en la parte superior de la pierna derecha. El dolor es de tipo punzante y se intensifica al caminar y al estar de pie. No hay dolor al estar acostada.



**IDEAL CHIROPRACTIC  
PAIN & INJURY**

300 West Airport Freeway, Ste. 104

IRVING, TX 75040

Phone: 972-253-7346

Fax: 972-253-7342

Por favor, responda las siguientes preguntas al mejor de sus conocimientos.

Esta información nos ayudará a resolver su condición y a prescribir lo que es mejor para usted.

(círcule uno)

**Sobre su condición...**

¿Cuándo comenzó el dolor?

Inmediatamente, Horas más tarde, Al día siguiente - indique la fecha: 10/23/2021

¿Algo alivia el dolor? Sí No

Indique qué alivia el dolor: Reposo/Hielo/Calor/Medicamento

Que hace que el dolor se sienta PEOR? Trabajo, Movimiento, Caminar: Otro

¿cuál describe mejor su dolor? Agudo/Adolorido/Punzado/otros

\*\*\*¿tiene algún dolor que se irradia por sus brazos o piernas? Sí No

Si por lo tanto, por favor describa dolor en ambas piernas y dolor en brazo izquierdo

¿Cuándo experimenta el dolor? Mañana/Tarde/Noche/Constante

¿Fuiste al hospital? Sí No ¿En una ambulancia? Sí No FECHA: \_\_\_\_\_

¿Ha visto a otros doctores desde el accidente? Sí No FECHA: \_\_\_\_\_

HOSPITAL/ DOCTOR Nombre y Localidad:

Advanced Dallas 7502 Greenville Avenue Dallas tx 75231

**Acerca de su accidente...**

¿Que Dirección fue el golpe? Frente Trasero Lados: I/D

¿fue una citación (boleto, Ticket) dada? Sí No

¿a quién? \_\_\_\_\_

¿Dónde fue tu accidente?

Ciudad: Carmelton cappell Ubicación: bodega Samsung

¿eras el Conductor O Pasajero? (círcule uno)

¿Cuánta gente había en el coche? 1

¿estabas usando el cinturón? Sí No

¿Su cabeza se voltio en el momento del accidente? Sí No ¿por dónde? I/D Frente

Qué es el año y el modelo de su coche? CHEVY Traverse 2016

¿Qué tan grave fue el daño a su coche? (En una escala de 1 a 10) \_\_\_\_\_ el otro auto? \_\_\_\_\_

¿sintió que su coche se movía al punto del impacto? Sí No ¿Qué tan lejos? \_\_\_\_\_

¿Qué pasó con los coches después del accidente? (golpeó algo más, expulsado, remolcados, etc.)

Nombre: Ana E. Vasquez

Firma: [Signature]

Fecha: 11/23/2021



**IDEAL CHIROPRACTIC  
PAIN & INJURY**

1001 West Airport Freeway, Ste. 104

IRVING, TX 75062

Phone: 972-252-7188

Fax: 972-252-7142

Nombre de Compania de Seguro de Auto de la Persona Cupable:

Dio informacion falsa de aseguranza

Claim Number: \_\_\_\_\_ Numero de polica: \_\_\_\_\_

Nombre de aseguranza de SU auto: \_\_\_\_\_ Numero de polica: \_\_\_\_\_

**Historia Medica:**

<input type="checkbox"/> Asma	<input type="checkbox"/> Concusion	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Epilepsia	<input checked="" type="checkbox"/> Mareo Vertigos	<input type="checkbox"/> Dolor de Espalda
<input type="checkbox"/> Diabetes	<input type="checkbox"/> VIH	<input type="checkbox"/> Neurosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Desordenes Digestivos
<input type="checkbox"/> Alergias	<input type="checkbox"/> Problemas Cardiacos	<input type="checkbox"/> Alta Presion

**Historia Familiar:**

	Diabetes	Corazon	Cancer	Espalda
Madre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hermana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hermano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operaciones previas: (Si no aplica, escriba N/A) Mano derecha y omate de triage Fecha: 09/19/2017Accidentes o Caídas previas: (Si no aplica, escriba N/A) SI SE HA DESMAYADO: SI NO☒ AUTO ☐ RECREACIONAL ☐ TRABAJO ☐ OTRO Fecha:   /  /  **Solo Pacientes Femeninos:**Esta o piensa que esta embarazada: SI NO FECHA DE ÚLTIMA MESTRAUCION 11/19/2021Indique cualquier medicina usted a tomado: Tylenol

Certifico que la informacion anterior es verdadera a mi leal saber y entender.

Nombre: Ann E. Vasquez Flores Firma: [Signature] Fecha: 11/23/2021



FV: 11-23-21

COLLISION: FRONT REAR SIDE: DRIVER PASSENGER ROAD CONDITIONS: DRY WET ICE  
OTHER FACTORS: SEATBELT AIRBAG HEAD TURNED: LEFT RIGHT STRAIGHT

BRIEF DESCRIPTION OF THE ACCIDENT: - 1st north side door of 2016 Chevy Trac (SUV)  
put me hit on falling into by another car (18 Wheeler)

WORK SCHOOL HOME RECREATION SLEEP  
SITTING/STANDING/WALKING/LYING/BENDING/LIFTING/GRASPING/CARRY/PUSH/PULL/KNEELING  
STOOPING/OVERHEAD/COOKING/CLEANING/CHILD CARE/SPORTS/PE  
DETAILED DESCRIPTION:



Patient's Name: Mrs Vasquez

DOA: 10-23-21

Date of Exam: 11-23-21

EXTENDED EXAM-DOCTOR'S USE ONLY

CERVICAL ORTHOPEDIC

cont'd

- ☒ - Spurling's test for vertebral disc protrusion
- ☒ - Maximum Compression for nerve root compression
- ☒ - Neck Compression for ipsilateral nerve root
- ☒ - Spino-Hall for unilateral trauma
- ☒ - Distraction for nerve root compression
- ☒ - Vertebral for disc occlusion
- ☒ - Active O'Donoghue's for muscle strain injury
- ☒ - Passive O'Donoghue's for muscle strain injury
- ☒ - Shoulder depression for muscle strain injury

LUMBAL ORTHOPEDIC

- ☒ - Adam's Sign for intervertebral disc syndrome
- ☒ - Schober's for sciatic disc compression
- ☒ - Double Leg Raise for lumbosacral lesion
- ☒ - Ely's Sign for upper lumbar lesion
- ☒ - Nuchal for upper lumbar lesion
- ☒ - Kernig's Test for intervertebral disc rupture
- ☒ - Lasque's Test for muscle/spine/nerve irritation
- ☒ - Trendelenburg for injury to facet joint capsule

SACROILIAC ORTHOPEDIC

- ☒ - Gaenslen's Test for sacroiliac lesion
- ☒ - Hill's Test for sacroiliac lesion
- ☒ - Rock Compression for sacroiliac lesion
- ☒ - Patrick Faber for hip muscle spasm/low back strain
- ☒ - Thomas for tight hip flexors
- ☒ - Ober's Test for tensor fasciae latae impingement

|| ONP Shoulder Orthopedic, R, L

- ☒ - Abduction/Extension for rotator cuff lesion/tear
- ☒ - Coracoid Press for Coracoid process syndrome
- ☒ - Supraspinatus Press for rotator cuff lesion/tear
- ☒ - Yergason for biceps and tendon lesion
- ☒ - Apley's Scratch Superior for decreased shoulder ROM
- ☒ - Apley's Scratch Inferior for decreased shoulder ROM
- ☒ - O'Brien for shoulder dislocation/separation

|| ONP Knee Orthopedic, R, L

- ☒ - Abduction stress for medial collateral ligament injury
- ☒ - Adduction stress for lateral collateral ligament injury
- ☒ - Anterior drawer for cruciate ligament injury
- ☒ - Apley for cartilage displacement
- ☒ - Apley for collateral ligament injury
- ☒ - Ballotment for knee effusion
- ☒ - Patellar Tap for knee effusion
- ☒ - Patella Grinding for chondromalacia patella

Neurology, || ONP

Patellar Reflex: 1 0 3 4 5 + R 1 0  
 Achilles Reflex: 1 0 3 4 5 + R 1 0  
 Biceps Reflex: 1 0 3 4 5 + R 1 0  
 Triceps Reflex: 1 0 3 4 5 + R 1 0  
 Brachioradial Ref: 1 0 3 4 5 + R 1 0

Dermatomes: C4 C5 C6 C7 C8 Hypo Hyper  
 L1 L4 L5 S1 NAD ONP  
 Myotomes: C4 C5 C6 C7 C8 Hypo Hyper  
 L1 L4 L5 S1 NAD ONP

Heel Walk: NAD Def. R Def. L  
 Toe Walk: NAD Def. R Def. L  
 other Neuro:

Diagnostic Imaging:

Cervical: 3-view (XCS) new (XCS) 7-view (XCT)  
 Thoracic: 2-view (XCT) 2-view w/ob. chest (XCT)  
 Lumbar: 2-view (XCT) 4-view (XCT)  
 Other:







Patient Name: Ana VasquezDate of Injury: 10-23-21Date of Visit: 11-23-21

## PATIENT COMPLAINS OF PAIN IN:

Neck ~~MP~~ Upper Back ~~Low~~ Back  
 Hip R/L Knee R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Head/Neck  
 Other:

## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rec Sleep  
 Sitting Standing Walking Lying  
 Bending/Lifting/Grocery/Carry  
 Push/Pull/Kneel/Sit/Overhead  
 Cook Clean Childcare/Spouse/PT

## Notes:

Her neck is not stable & her  
head  
her CBTM is not stable & her  
head



Sharp - /// Dull/Achy - 000 Burning - XXX  
 Throbbing - T Stiff/Sore - S  
 Numbness - === Tingling/Needles - +++

## ASSESSMENT

☐ IMPROVING ☐ UNCHANGED  
☐ WORSENING ☐ RESOLVED

Final exam

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C - 1234567

T - 123456789101112

L - 12345

SACRUM/MSI OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFR/TP/ART:

~~CERV~~ THOR LUMB EXTREMITY

SUBOCCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDIUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

TRAPEZIUS

RHOMBOIDS

PECTORALS

PSOAS

PIRIFORMIS

ANT POST

ANT POST

## EXAM and TREATMENT

## INITIAL CMT THROUGH RE-EXAM

99205 99204 99205 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT SERVICE AREA/UNIT

~~97012~~ EMS UNATTENDED 41~~97022~~ MECH TRACTION 41~~97010~~ ICE/COLD APPLY 41~~97110~~ MANUAL THERAPY 41~~97110~~ ULTRASOUND 41 (6)

97110 THER EXERCISES

97530 THER ACTIVITIES

97112 VIBRATION / NM-RE

59090 DECOMPRESSION

C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength☐ Therapy Ball EX ROM Strength☐ Spinal Stabilization ROM Strength☐ Upper Ext Protocol ROM Strength☐ Lower Ext Protocol ROM Strength☐ Treadmill/Bike☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE SUB-ACUTE REHAB PRN

EXACERBATION CONTINUE Tx

DISCHARGE

## SCHEDULE:

1 TIMES PER WEEK FOR 2 WEEKS

RE-EVALUATION DATE:

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

☐ Patient responded well to treatment without incident.

## REFERRALS: MI/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/TPE/PT/PM/OTHER

Refer for up current + V & E; Other med recs from spinal  
Valley Health

OBJECTIVE KEY: FX=Joint restriction, MP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE:

CA: 16Name: Vasquez AnaDate: 11-23

Office Only:

Time:

9:07A



Patient Name: Ana VazquezDate of Injury: 10.23.21 Date of Visit: 11.30.21

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper Back Low Back  
 Hip R/L Knee R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Heel/Arch  
 Other: \_\_\_\_\_

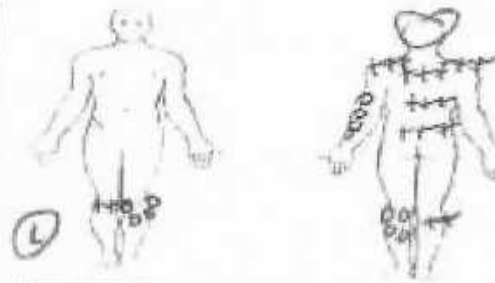
## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rec Work  
 Sitting/standing Walking Walking  
 Bending/Lifting/Grasping Lifting  
 Push/Pull/Carry/Reach/Overhead  
 Cook/Clean/Childcare/Sports/PE

## Notes:



Sharp -// Dull/Achy - OOO Burning - XXX  
 Throbbing - T Stiff/Sore - S  
 Numbness - --- Tingling/Needles - +++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☒ UNRESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943C-12 50T-12 45 78 20 11-12L-1 24

SACRUM/SI \_\_\_\_\_ OCCIPUT \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

MANUAL THERAPY/MFR/TP/ART:  
 CERV THOR LUMB EXTREMITY

SUBOCCIPITAL TRAPEZIUS  
 LEVATOR SCAPULAE RHOMBOIDS  
 LATISSIMUS DORSI PECTORALS  
 QUAD LUMBORUM PSOAS  
 GLUTE MEDIUS PIRIFORMIS  
 UPPER EXT LINES: ANT POST  
 LOWER EXT LINES: ANT POST  
 OTHER: \_\_\_\_\_

## OBJECTIVE

CERV THOR LUMB EXT  
 HT HT HT HT

TENDER TENDER TENDER TENDER

C-ROM 1 WNL PAINT-ROM 1 WNL PAINL-ROM 1 WNL PAINE-ROM 1 WNL PAIN

## ORTHO/NEURO EXAM:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT SERVICE AREA/UNIT

99212 EMS UNATTENDED 199212 MECH TRACTION 199212 COLD APPLY 199212 MANUAL THERAPY 199212 ULTRASOUND 1

97110 THER EXERCISES

97530 THER ACTIVITIES

97112 VIBRATION / NM-EL

99000 DECOMPRESSION

C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☐ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☐ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE STABILIZE REHAB PRN  
 EXACERBATION CONTINUE Tx  
 DISCHARGE

## SCHEDULE:

5 TIMES PER WEEK FOR 2 WEEKS

RE-EVALUATION DATE: \_\_\_\_\_

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

PROVIDER SIGNATURE:

PATIENT SIGNATURE:

Name: Ana VazquezDate: 11/30/21 Time: 5:38

Office Only:



Patient Name: Ana VasquezDate of Injury: 10.28.21Date of Visit: 12.01.2021

## PATIENT COMPLAINS OF PAIN IN:

Neck ☒ Mid/Upper ☒ Low ☒  
 Hip R/L ☒ Knee ☒ Ankle/Foot R/L ☒  
 Chest/Ribs ☒ Shoulder R/L ☒ Elbow R/L ☒  
 Wrist/Hand R/L ☒ Headache ☒  
 Other: \_\_\_\_\_

## Timing:

☒ Constant ☒ Intermittent

## Activities of Daily Living Affected:

Work School ☒ Home Rec ☒  
 Driving/Standing/Walking/Lifting ☒  
 Bending/Turning/Grasping/Carrying ☒  
 Push/Pull/Kick/Step/Overhead ☒  
 Cook/Clean/Childcare/Sports/PI: \_\_\_\_\_

Notes: \_\_\_\_\_



Sharp-/// Dull/Achy-000 Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness- --- Tingling/Needles-+++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/ST OCCIPUT \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFRT/ART:

CERV THOR LUMB EXTREMITY

SUBOCIPITALLEVATOR SCAPULAELATISSIMUS DORSIQUAD LUMBORUMGLUTE MED/USUPPER EXT LINES:LOWER EXT LINES:

OTHER: \_\_\_\_\_

TRAPEZIUSRHOMBIDSPECTORALSPSOASPIRIFORMISANT POSTANT POST

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNITS
9701	EMS UNATTENDED	21
9702	MFT/TRACTION	21
9703	COLD/HEAT/ULTRASOUND	21
9704	MANUAL THERAPY	21
9705	ULTRASOUND	21
9710	THER EXERCISES	21
9711	THER ACTIVITIES	21
9712	VIBRATION / NM-RE	21
98990	TRICOMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☐ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☐ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE RE-ACUTE REHAB PRN  
 EXACERBATION CONTINUE Tx

## DISCHARGE

## SCHEDULE:

5 TIMES PER WEEK FOR 8 WEEKS

RE-EVALUATION DATE \_\_\_\_\_

## WORK STATUS:

OFF WORK 1/2 DAY FULL DUTY

## REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCR/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER DONALD L. \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

Name: Ana E. VasquezDate: 12/01/21 Time: 5:38pm

Office Only: \_\_\_\_\_



PATIENT COMPLAINS OF PAIN IN:

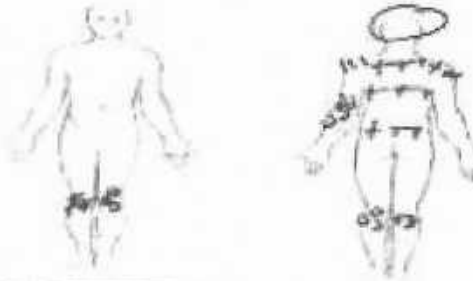
Neck Mid/Upper Back Low Back  
Hip R/L Knee R/L Ankle/Foot R/L  
Chest/Ribs Shoulder R/L Elbow R/L  
Wrist/Hand R/L Headaches  
Other: \_\_\_\_\_

Timing:  
Constant Intermittent

Activities of Daily Living Affected:

Work School Home Rec Sleep  
Sitting/standing/walking/lying  
Bending/Lifting/Grasping/Carry  
Push/Pull/Reach/Overhead  
Cook/Clean/Childcare/Sports/PE

Notes: \_\_\_\_\_



Sharp-// Dull/Achy-000 Burning-XXX  
Throbbing-T Stiff/Sore-S  
Numbness- Tingling/Needles-+++

ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345 Manual

SACRUM/SI OCCIPUT

EXTREMITIES

MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

MANUAL THERAPY/MFR/TP/ART:

CERV THOR LUMB EXTREMITY

SUBOCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

TRAPEZIUS

RHOMBOIDS

PECTORALS

PSOAS

PIRIFORMIS

POST POST 1+ ell

ANT POST

EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

MODALITIES:

CPT	SERVICE	AREA/UNIT
99205	EMS UNATTENDED	K1
99202	MECH TRACTION	S1
99200	ICE/COLD APPLY	S1
99203	MANUAL THERAPY	-
99205	ULTRASONIC	EL-ELB
97110	THER EXERCISES	
97530	THER ACTIVITIES	
97112	VIBRATION / NM-RE	
90990	DECOMPRESSION	C / T / L

EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☐ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☐ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

REVIEW OF RECORDS:

PLAN

TREATMENT PHASE:

ACUTE SUB-ACUTE REHAB PRN  
EXACERBATION CONTINUE Tx  
DISCHARGE

SCHEDULE:

2 TIMES PER WEEK FOR 2 WEEKS

RE-EVALUATION DATE:

WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/TPE/FC/PM/OTHER

OBJECTIVE KEY: FN=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE: Urbane Jal

PATIENT SIGNATURE: \_\_\_\_\_

Name: Ana Vasquez  
Date: 12/02/21 Time: 5:39 p.m.  
Office Only: \_\_\_\_\_

ADD ALI







Clinic: Ideal Chiropractic PC + Injury Care - Gap in Treatment

Patient's Name: Ana E. Vasquez Date of Injury: 10/23/21 Today's Date: 12/21/21

### Documenting Your Gap in Treatment at this Office

It is important to document why there was either a gap in seeking our care or why there was a gap in your care at our office. This information is to ensure that the care of your injury is properly documented and medically necessary. Please fill this out completely as it may affect your insurance benefits if later there are discrepancies that are found. Many injury patients have gaps either in seeking care or in their care, and in order to receive insurance benefits these gaps need to be explained by the patient. In this instance there was a Gap in seeking care \_\_\_\_\_ or a gap in care \_\_\_\_\_. Please check one.

#### Self-Treatment:

- ☐ Heat
- ☐ Cold
- ☒ Rest
- ☒ Brace/supports/wrap
- ☐ Over-the-counter medication (specify): \_\_\_\_\_
- ☐ Prescription medication (specify): \_\_\_\_\_
- ☐ Herbs (specify): \_\_\_\_\_
- ☐ Homeopathy (specify): \_\_\_\_\_
- ☒ Stretching/yoga
- ☒ Exercise
- ☐ Slept in different position
- ☐ Slept on a different surface
- ☐ Modified work duties (specify): \_\_\_\_\_
- ☐ Change of employment (specify): \_\_\_\_\_
- ☐ Modified activities of daily living (specify): \_\_\_\_\_
- ☐ Minimized tilting head upwards
- ☐ Minimized prolonged forward bending of the neck/torso
- ☐ Minimized rotation of the neck
- ☐ Other (specify): \_\_\_\_\_

#### Treatment by Others:

- ☐ Emergency room (specify): \_\_\_\_\_
- ☐ Urgent care (specify): \_\_\_\_\_
- ☐ Medical doctor/osteopath (specify): \_\_\_\_\_
- ☐ Medical specialist (specify): \_\_\_\_\_
- ☐ Chiropractor (specify): \_\_\_\_\_
- ☐ Physical therapist (specify): \_\_\_\_\_
- ☐ Acupuncturist (specify): \_\_\_\_\_
- ☐ Psychologist/psychiatrist (specify): \_\_\_\_\_
- ☐ Massage (specify): \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

#### Miscellaneous Factors:

- ☐ Fear of doctors/drugs/surgery
- ☐ Did not know who to see for treatment
- ☐ Fear of how the treatment bills would be paid
- ☒ Insufficient time to obtain treatment
- ☒ Other (specify): \_\_\_\_\_

Signature: [Signature]

Date: 12/21/21



Patient Name: Ana E. VasquezD.O.I.: 10/23/24Date: 12/21/24

## SUBJECTIVE FINDINGS:



## Character:

Sharp +++ Soft Score 5  
 Dull/ Achy 000 Numbness ---  
 Burning XXX Throbbing T  
 Tingling/ Needles +++

## Activities of Daily Living:

Work 000 Home 000 Sleep 000  
 Sitting/ Standing/ Walking/ Lying  
 Reaching/ Lifting/ Grasping/ Carry/  
 Push/ Pull/ Kneel/ 000 Cook/  
 Overhead/ Clean/ Childcare/ PT

## OBJECTIVE FINDINGS:

CERV THOR LUMB EXT  
00 00 00 00  
 SP ART SP 100 SP 100 SP 100  
 TENDER TENDER TENDER TENDER

C-ROM 00 DEC WNL PAIN  
 T-ROM 100 DEC WNL PAIN  
 L-ROM 00 DEC WNL PAIN  
 E-ROM INC DEC 100 PAIN

D.T.R. 1=hypo 2=normal 3=hyper  
 Up/Low Sensory WNL INC DEC  
 Up/Low Motor WNL INC DEC  
 Other:

Appearance: poor fair 000  
 Orientation: poor fair 000

Blood Pressure: 121/73 mmHg  
 Height: 4' 8" Wt.: 155 lbs

## CERVICAL ORTHOPEDIC TESTS

Cervical Compression + - R/L  
 Jackson's Max. Com. 0 00  
 Distraction + - R/L  
 Valsalva Test + - R/L  
 Shoulder Depression 0 00  
 Spitz Hall + - R/L  
 O'Donoghue's 0 00

## LUMBAR ORTHOPEDIC TESTS

Beckertow's + - R/L  
 Kemp's + - R/L  
 Double Leg Raise 0 00  
 Web Leg + - R/L  
 Fabere's 5/10 + - R/L  
 Nachlas 0 00  
 Ely's Heel to Buttock + - R/L  
 Yeoman's 0 00  
 O'Donoghue's + - R/L

## SHOULDER ORTHOPEDIC TESTS

Supraspinatus Press + - R/L  
 Apprehension + - R/L  
 Apley's + - R/L  
 Yergason + - R/L  
 Drop Arm + - R/L  
 Dugas + - R/L  
 Abol/Arch + - R/L

## ELBOW ORTHOPEDIC TESTS

Med. Lig. Stability + - R/L  
 Lat. Lig. Stability + - R/L  
 Timmer's + - R/L  
 Cozen's + - R/L  
 Mil's + - R/L

## WRIST/HAND ORTHOPEDIC TESTS

Allen's + - R/L  
 Phalen's + - R/L  
 Finkelstein's + - R/L

## HIP ORTHOPEDIC TESTS

Patrick Fabere 0 00  
 Hibbs 0 00  
 Thomas + - R/L  
 Ober + - R/L

## KNEE ORTHOPEDIC TESTS

Patellar Tap + - R/L  
 Anterior Drawer + - R/L  
 Posterior Drawer 5/10 + - R/L  
 Varus Stress 0 00  
 Patellar Grinding 0 00  
 Apley's Compression 0 00  
 Ballotment + - R/L  
 Anterior Drawer Sign + - R/L

## ANKLE/FOOT ORTHOPEDIC TESTS

Talo-Fib Stability + - R/L  
 Ankle Dorsiflexion + - R/L  
 Homan + - R/L

## MANIPULATION/MANUAL THERAPY

CMT: 98940 98941 98942 98943

C-1,2 00

T-1,2,3,4,5,6,7,8,9,10,11 00

L-1,2,3 00

## RE-EXAM CODES

99215/99214/99213/99212/99211

## ASSESSMENT

Improvement 000  
 Worsening 000

## PLAN &amp; TREATMENT

Decompression Therapy C / T / L

99090 (to restore form and function, relieve

joint stress, pain, and inflammation)

97014 E.M. (to help decrease muscle

spasms, promote tissue healing, and its

metabolic effects)

97012 Intersegmental Traction (to

increase joint mobility, improve synovial fluid

exchange, and reduce the risk of adhesion

formation)

97010 Heat/ice (to increase cellular

metabolism)

97140 Myofascial/T.P.T (to decrease pain

and inflammation and improve tissue

function)

97035 Ultrasound (to aid the clearing of

scar tissue)

97110 Stretching/Exercise (to increase &

improve soft tissue length and joint range of

motion and help prevent injury recurrence)

97112 Vibration Therapy/NM-RE (to

help increase ROM, lean muscle mass, and

firm muscles to create overall effect of a

toned, firm, and healthy body)

Continue Modify PLAN OF C

Discharge PRN

1X 2X 3X 4X 5X Daily for -

TWK 2WK 3WK 4WK

Referral for Evaluation

Medical Doctor Consultation

Orthopedic Consultation

Neurologist Consultation

Pain Management Consultation

X-Ray

MRI/CT-Scan Chp 10

PSYC EVAL

Home Instruction

Stretch Exercises Rest ice/heat

No physical activity

Established Goal

increase overall body ROM/flexibility

increase overall body strength

improve gait/balance

increase strengthening of core muscles

Decrease overall pain/increase comfort

Comments

due to patient's continued complaints

of neck + shoulder + (14) from

for more of injury history

can be treated with conservative

care of physical + manual

Re-Exam 1 2 3 4 5 6 7 8 9 10 00

Name: Ana Vasquez

Date: 12/21/24 Time: 3:01 pm

Office Only:

Signature: Ushane Obiah

Release

7/10

to 10 direct + lateral

degenerative



Patient Name: Ana VasquezDate of Injury: 10/23/21 Date of Visit: 12/22/21

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper Low  
 Hip R/L. Knee R/L. Ankle/Foot R/L.  
 Chest/Ribs Shoulder R/L. Elbow R/L.  
 Wrist/Hand R/L. Headaches  
 Other: \_\_\_\_\_

Timing:

Constant

Intermittent

## Activities of Daily Living Affected:

Work School Home Rec Exercise  
Sitting Standing Walking Lying  
Bending Lifting Grasping Carry  
Push Pull Kneel Squat Overhead  
Cook Clean Childcare Sports PE

Notes:

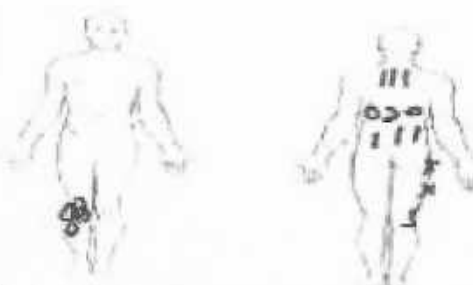
## OBJECTIVE

CERV THOR LUMB EXT  
 SP HT SP HT SP HT SP HT

TENDER TENDER TENDER TENDER

C-ROM ↑↓ WNL PAINT-ROM ↑↓ WNL PAINL-ROM ↑↓ WNL PAINE-ROM ↑↓ PAIN

ORTHONEURO EXAM:



Sharp- III Dull/Achy- OOO Burning- XXX  
 Throbbing- T Stiff/Sore- S  
 Numbness- --- Tingling/ Noodles- +++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ UNRESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SI OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV. THOR. LUMB. EXTREMITIES  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

## MANUAL THERAPY/INTERPART:

CMT THOR LUMB EXTREMITIES

SUBOCIPITAL  
LEVATOR SCAPULAE  
LATISSIMUS DORSI  
QUAD LUMBORUM  
GLUTE MEDUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

TRAPPEZUS  
REOMBOIDS  
PECTORALS  
PSOAS  
PERIPELMIS

ANT POST

ANT POST

ANT POST

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREAS/UNITS
9701	EMS UNATTENDED	<u>21</u>
9702	MECT TRACTION	<u>21</u>
97010	HOT/COLD APPLY	
97120	MANUAL THERAPY	<u>61</u>
97015	ULTRASOUND	
9711	THER EXERCISES	<u>61</u>
97530	THER ACTIVITIES	
97112	VIBRATION / NMRE	
98990	DECOMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE SUB-ACUTE RELIAB PRN  
 EXACERBATION CONTINUE Tx  
 DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE:

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

Patient responded well to treatment without incident.

Name: Ana VasquezDate: 12/22/21 Time: 4:39 p.m.  
Office Only:

PROVIDER SIGNATURE:

Lichenna Bol

PATIENT SIGNATURE:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

OBJECTIVE KEY: EX=joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits



Patient Name: Ana VasquezDate of Injury: 10/23/21 Date of Visit: 12/23/21

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper Back Low Back

Hip R/L Knee R/L Ankle/Foot R/L

Chest/Ribs Shoulder R/L Elbow R/L

Wrist/Hand R/L Headaches

Other: \_\_\_\_\_

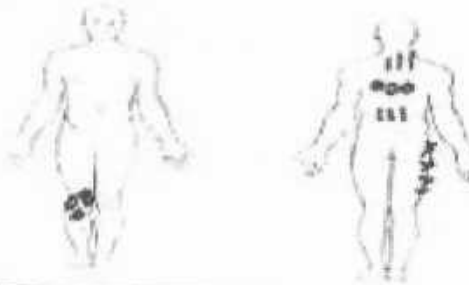
Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rec SportSleeping Standing Sitting/LyingReaching Lifting Grasping CarryPush/Pull Kneel Squat OverheadCook Clean Childcare Sports/PE

Notes: \_\_\_\_\_



Sharp- /// Dull/Achy- OOO Burning- XXX  
 Throbbing- I Stiff/Sore- S  
 Numbness- --- Tingling/Needles- +++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☒ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1 2 3 4 5 6 7

T-1 2 3 4 5 6 7 8 9 10 11 12

L-1 2 3 4 5

SACRUM/SI OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV. THOR. LUMB. EXTREMITY

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFR/TPART:

CERV THOR LUMB EXTREMITY

SUBOCCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDIUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

TRAPEZIUS

RHOMBIDS

PECTORALS

PSOAS

PIRIFORMIS

ANT POST

ANT POST

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNITS
97124	EMS UNATTENDED	1
97122	MET Traction	1
97030	HOT/COLD APPLY	
97140	MANUAL THERAPY	1
97015	ULTRASOUND	
97110	THER EXERCISES	1
97530	THER ACTIVITIES	
97112	VIBRATION /NMRT	
59090	DECOMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE SUB-ACUTE REHAB PRN

EXACERBATION CONTINUE Tx

DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE: \_\_\_\_\_

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

Name: Ana VasquezDate: 12/23/21 Time: 6:18 pm

Office Only: \_\_\_\_\_

PROVIDER SIGNATURE:

PATIENT SIGNATURE:

## OBJECTIVE

CERV THOR LUMB EXT  
 FX HT SP HT SP HT SP HT

TENDER TENDER TENDER TENDER

C-ROM ↑ ↓ WNL ACTT-ROM ↑ ↓ WNL PAINL-ROM ↑ ↓ WNL PAINE-ROM ↑ ↓ WNL PAIN

ORTHONEURO EXAM:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPET/CE/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, NP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE: Uchen...

PATIENT SIGNATURE: \_\_\_\_\_



Patient Name: Ana Vazquez

Date of Injury: 10/27/21 Date of Visit: 10/27/21

**PATIENT COMPLAINS OF PAIN IN:**

Neck Mid Upper Back Low Back  
Hip R/L Knee R/L Ankle/Foot R/L  
Chest/Ribs Shoulder R/L Elbow R/L  
Wrist/Hand R/L Headaches  
Other: \_\_\_\_\_

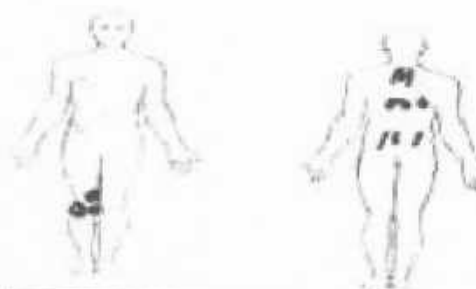
**Timing:**

Constant Intermittent

**Activities of Daily Living Affected:**

Work School Home Rec Sports  
Sleeping/Resting Lying  
Bending/Reaching/Grasping/Carry  
Push/Pull/Kneel/Squat/Overhead  
Cook/Clean/Childcare/Sports/PE

**Notes:**



Sharp-/// Dull/Achy-OOO Burning-XXX  
Throbbing-T Stiff/Sore-S  
Numbness--- Tingling/Needles-+++

**ASSESSMENT**

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

**MANIPULATION/ADJUSTMENT**

CMT: 98940 98941 98942 98943  
C-12 4 6 7  
T-12 3 4 5 6 7 10 11  
L-12 3 4 manual  
SACRUM/NI OCCIPUT  
EXTREMITIES

**MOVEMENT:**

CERV. THOR. LUMB. EXTREMITY  
GOOD GOOD GOOD GOOD  
PAIN PAIN PAIN PAIN  
RESIST RESIST RESIST RESIST

**MANUAL THERAPY/MFR/TP/AKT:**  
CERV THOR LUMB EXTREMITY

SUBOCIPITAL TRAPEZIUS  
LEVATOR SCAPULAE RHOMBOIDS  
LATISSIMUS DORSI PECTORALS  
QUAD LUMBORUM PSOAS  
GLUTE MEDIUS PIRIFORMIS  
UPPER EXT LINES: ANT POST  
LOWER EXT LINES: ANT POST  
OTHER:

**EXAM and TREATMENT**

INIT EVAL CMT THERAPY RE-EXAM  
99205 99204 99203 99202 99201  
99215 99214 99213 99212 99211

**MODALITIES:**

CPT	SERVICE	AREA/UNITS
97010	FMS UNATTENDED	21
97010	MECH TRACTION	21
97010	HOT/COLD APPLY	
97140	MANUAL THERAPY	
97015	ULTRASOUND	
97110	THER EXERCISES	20
97530	THER ACTIVITIES	
97112	VIBRATION /NM-RF	
98090	DECOMPRESSION	CIT/L

**EXERCISE/REHAB PROTOCOL NOTES:**

Whiplash Protocol ROM Strength  
Therapy Ball EX ROM Strength  
X Spinal Stabilization ROM Strength  
X Upper Ext Protocol ROM Strength  
X Lower Ext Protocol ROM Strength  
Treadmill/Bike  
Functional Activities

**REVIEW OF RECORDS:**

**PLAN**

**TREATMENT PHASE:**  
ACUTE SUB-ACUTE REHAB PSN  
EXACERBATION CONTINUE Tx  
DISCHARGE

**SCHEDULE:**  
3 TIMES PER WEEK FOR 3 WEEKS  
RE-EVALUATION DATE: \_\_\_\_\_

**WORK STATUS:**  
OFF WORK LIGHT DUTY FULL DUTY

**REMARKS AND COMMUNICATIONS**

☒ Patient responded well to treatment without incident.

Name: Ana Vazquez  
Date: 10/27/21 Time: 5:06 PM  
Office Only: \_\_\_\_\_

**OBJECTIVE**

CERV	THOR	LUMB	EXT
FX	FX	FX	FX
SP/H	SP/H	SP/H	SP/H

TENDER TENDER TENDER TENDER

C-ROM ↑ WNL PAIN

T-ROM ↑ WNL PAIN

L-ROM ↑ WNL PAIN

E-ROM ↑ WNL PAIN

**ORTHO/NEURO EXAM:**

**REFERRALS:** MD/CT/MRI/NVC/NEURO/ORTH/INJECTIONS/PPVT/CT/PM/OTHER

**OBJECTIVE KEY:** FX-Joint restriction, SP-Spasm, HT-Hypertonic muscle, WNL-Within normal limits

PROVIDER SIGNATURE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_



Patient Name: Ana VasquezDate of Injury: 10-23-21 Date of Visit: 12/28/21

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper Back Low Back  
 Hip R/L Knee OT Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Headaches  
 Other:

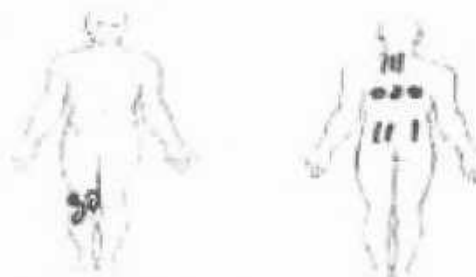
## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rec Sleep  
 Sitting/standing/Walking/Lifting  
 Bending/Lifting/Grasping/Carry  
 Push/Pull/Kneel/Sit/Overhead  
 Cook/Clean/Childcare/Sports/Pl.

## Notes:



Sharp-/// Dull/Achy-OOO Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness-== Tingling/Needles-++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☒ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SI OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFR/T/PART:

CERV THOR LUMB EXTREMITY

## SUBOCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUADRILORUM

GLUTE MEDIUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

## TRAPEZIUS

RHOMBIOIDS

PECTORALS

PSOAS

PERFORMIS

ANT POST

ANT POST

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNITS
97014	TMS UNATTENDED	21
9092	MEDICAL TRACTION	1
97010	HOT/COLD/APPPLY	1
97140	MANUAL THERAPY	1
97035	ULTRASOUND	1
97110	THER EXERCISES	1
97530	THER ACTIVITIES	
97112	VIBRATION / NM-RE	
90990	DECOMPRESSION	C + T / 1

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball FX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE Sub-Acute REHAB PRN  
 EXACERBATION CONTINUE TX  
 DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE:

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

✓ Patient responded well to treatment without incident.

Name: Ana VasquezDate: 12/28/21 Time: 5:17

Office Only:

PROVIDER SIGNATURE

PATIENT SIGNATURE:



Patient Name: Aina Vasquez Date of Injury: 6-23-21 Date of Visit: 12/29/24

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper Back Low Back  
 Hip R/L Knee R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Headaches  
 Other: \_\_\_\_\_

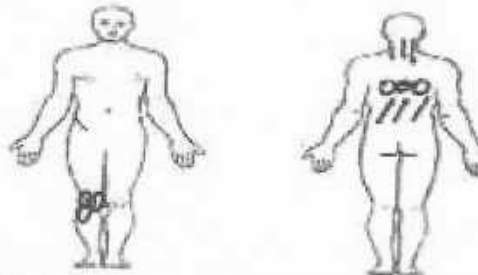
## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rec/Sports  
 Sitting/Standing/Walking/Lying  
 Bending/Lifting/Grasping/Carry  
 Push/Pull/Kneel/Squat/Overhead  
 Cook/Clean/Childcare/Sports/PE

## Notes:



Sharp: /// Dull/Achy: (O) Burning: XXX  
 Throbbing: T Stiff/Sore: S  
 Numbness: --- Tingling/Needles: ---

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ UNRESOLVED

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/ST OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## MANUAL THERAPY MFR/TP/ART:

CERV THOR LUMB EXTREMITY

## SUBOCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MED/US

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

## TRAPEZIUS

RHOMBOIDS

PECTORALS

PSOAS

PIRIFORMIS

ANT POST

ANT POST

## EXAM and TREATMENT

## INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNITS
97001	EMS/UNATTENDED	X1
97002	MILK TRACTION	X1
97010	HOT/COLD APPLY	
97110	MANUAL THERAPY	X1
97035	ULTRASOUND	
97110	THER EXERCISES	X1
97530	THER ACTIVITIES	
97712	VIBRATION / NM-RE	
59090	DEXAMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

Whiplash Protocol ROM Strength  
 Therapy Ball EX ROM Strength  
 Spinal Stabilization CCA Strength  
 Upper Ext Protocol ROM Strength  
 Lower Ext Protocol CCA Strength  
 Treadmill/Bike  
 Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE RE-ACUTE REHAB PRN  
 EXACERBATION CONTINUE Tx

## DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 3 WEEKS

## RE-EVALUATION DATE:

## WORK STATUS:

GET WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

REFERRALS: MD/CT/MRI/NU/NEURO/ORTHO/INJECTIONS/PT/PE/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE: William J. [Signature]

PATIENT'S SIGNATURE

X Patient responded well to treatment without  
 Name: Aina Vasquez  
 Date: 3:25 Time: 12/29/24  
 Office Only: \_\_\_\_\_



Patient Name: Ana E. VazquezDate of Injury: 10-23-21Date of Visit: 12-30-21

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper Back Low Back  
 Hip R/L Leg R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Headaches  
 Other: \_\_\_\_\_

## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rest Sleep  
Sitting Standing Walking Stairs  
Bending Lifting Grasping Carry  
Push Pull Kneel Sit Overhead  
Cook Clean Childcare Sports PE

## Notes:



Sharp-/// Dull/Achy-000 Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness- --- Tingling/Needles-+++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ RESOLVED

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SI OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITIES:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MPT/TP/ART:

EDV THOR LUMB EXTREMITIES

## SUBOCCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUMGLUTE MEDUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

## TRAPEZIUS

RHOMBOIDS

PECTORALS

PSQAS

PIRIFORMIS

ANT POST

ANT POST

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT SERVICE

AREA/UNITS

97014 EMS UNATTENDEDX197013 MECH TRACTIONX197010 HOT/COLD APPLY97140 MANUAL THERAPYX197035 ULTRASOUND97110 THER EXERCISESX197530 THER ACTIVITIES97112 VIBRATION / NM-40090990 DECOMPRESSION

C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

Whiplash Protocol ROM Strength

Therapy Ball EX ROM Strength

X Spinal Stabilization ROM StrengthX Upper Ext Protocol ROM StrengthX Lower Ext Protocol ROM Strength

Treadmill/Bike

Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE POST-ACUTE REHAB PRN

EXACERBATION CONTINUE TX

DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE:

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

X Patient responded well to treatment without incident.Name: Ana VazquezDate: 12/30/21 Time: 5:09 pm

Office Only:

REFERRALS: MD/CT/MR/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCU/PM/OTHER:

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE: [Signature]

PATIENT'S SIGNATURE:



Patient Name: Ana E. Vasquez Date of Injury: 10-23-21 Date of Visit: 01/03/22

# **PATIENT COMPLAINS OF PAIN IN:**

Neck Mid/Upper Back Low Back  
 Hip R/L Knee R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Headaches

Other: \_\_\_\_\_

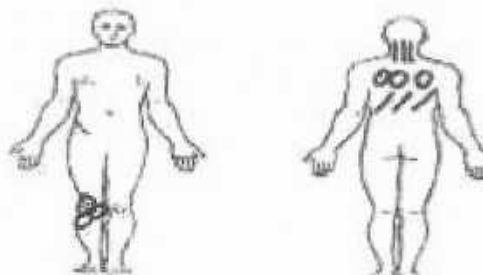
## **Timing:**

Constant Intermittent

## **Activities of Daily Living Affected:**

Work School House Rec Sleep  
Walking Standing Walking Run  
Bending Lifting Carrying  
Push/Pull Knock Stoop Overhead  
Cook Clean Childcare Sports/PE

## **Notes:**



Sharp- /// Dull/Achy- OOO Burning- XXX  
 Throbbing- T Stiff/Sore- S  
 Numbness- --- Tingling/ Needles- +++

## **ASSESSMENT**

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ RESOLVED

## **MANIPULATION/ADJUSTMENT**

CMT: 98940 98941 98942 98943

C - 1 2 3 4 5 6 7

T - 1 2 3 4 5 6 7 8 9 10 11 12

L - 1 2 3 4 5

SACRUM/SI \_\_\_\_\_ OCCIPUT \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

## **MOVEMENT:**

CERV THOR LUMB EXTREMITY:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## **MANUAL THERAPY MP/RT/ART:**

CERV THOR LUMB EXTREMITY

## **SUBOCIPITAL**

LEVATOR SCAPULAE

LATISSIMUS DORSI

GLUTE LUMBORUM

GRUTE MIDRUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

## **TRAPEZUS**

RHOMBOIDS

PECTORALS

PSOAS

PIRIFORMIS

ANT POST

ANT POST

## **EXAM and TREATMENT**

### **INIT EVAL CMT THERAPY RE-EXAM**

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

### **MODALITIES:**

CPT SERVICE AREA/UNIT

97014 EMS UNATTENDED X1

97017 MECH TRACTION X1

97016 HOT/COLD APPLY

97140 MANUAL THERAPY X1

97035 ULTRASOUND

97110 THER EXERCISES X1

97530 THER ACTIVITIES

97112 VIBRATION /NM-RE

98090 DECOMPRESSION C / T / L

### **EXERCISE/REHAB PROTOCOL NOTES:**

Whiplash Protocol ROM Strength

Therapy Ball EX ROM Strength

Spinal Stabilization ROM Strength

Upper Ext Protocol ROM Strength

Lower Ext Protocol ROM Strength

Treadmill/Bike

Functional Activities

### **REVIEW OF RECORDS:**

## **PLAN**

### **TREATMENT PHASE:**

ACUTE SUB-ACUTE REHAB PRN

EXACERBATION CONTINUE Tx

DISCHARGE

### **SCHEDULE:**

3 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE \_\_\_\_\_

### **WORK STATUS:**

OFF WORK LIGHT DUTY FULL DUTY

### **REMARKS AND COMMUNICATIONS**

X Patient responded well to treatment without incident.

REFERRALS: MD/CT/MR/INV/NEURO/ORTHO/INJECTIONS/PT/OT/PT/MOTHER

OBJECTIVE KEY: FN Joint restriction, SP Spasm, HY Hypertonic muscle, WNL within normal limits

PROVIDER SIGNATURE: Ulisses Obach

PATIENT'S

Name: Ana Vasquez

Date: 01/03/22 Time: 5:53 pm

Office Only: \_\_\_\_\_



Patient Name: ANA E. VASQUEZ Date of Injury: 10-23-21 Date of Visit: 1/4/2022

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper ~~Back~~ Low ~~Back~~  
 Hip R/L Knee ~~R/L~~ Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow ~~R/L~~  
 Wrist/Hand R/L ~~Headaches~~  
 Other: \_\_\_\_\_

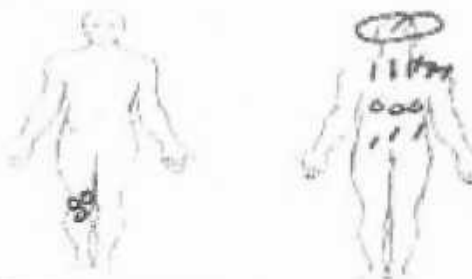
## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School ~~Rec~~ Rec ~~Sp~~  
~~Drive~~ Standing/Walking/Legs  
 Bending/Lifting/Climbing/Carry  
 Push/Pull/Kneel/Sit/Overhead  
 Cook/Clean/Childcare/Sports/PE

Notes: Head and neck  
Pain: increasing  
headache



Sharp-/// Dull/Achy-OOO Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness- --- Tingling/Needles-+++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☒ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943C-1 2, 5, 6 ManualT-1 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12L-1 2, 3, 4

SACRUM/SI \_\_\_\_\_ OCCIPUT \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

## MOVEMENT:

CERV. THOR. LUMB. EXTREMITY  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFR/TF/ART:

CERV THOR LUMB EXTREMITY

SUBOCIPITAL TRAPEZIUS  
 LEVATOR SCAPULAE RHOMBOIDS  
 LATISSIMUS DORSI PECTORALS  
 QUAD LUMBORUM PSOAS  
 GLUTE MEDIUS PIRIFORMIS  
 UPPER EXT LINES: ANT POST  
 LOWER EXT LINES: ANT POST  
 OTHER \_\_\_\_\_

## EXAM and TREATMENT

## INIT EVAL CMT THERAPY-RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNIT
<del>97010</del>	EMS UNATTENDED	<u>X1</u>
<del>92012</del>	MECH TRACTION	<u>X1</u>
97010	HOT/COLD APPLY	
97140	MANUAL THERAPY	
97035	ULTRASOUND	
<del>97999</del>	THER EXERCISES	<u>X1</u>
97550	THER ACTIVITIES	
97112	VIBRATION / NMGR	
98990	DECOMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE SUB-ACUTE REHAB PRN  
 EXACERBATION CONTINUE Tx  
 DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 2 WEEKS  
 RE-EVALUATION DATE \_\_\_\_\_

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

REFERRALS: MD/CT/MR/INVC/NEURO/ORTHO/INJECTIONS/PPE/FCI/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE

PATIENT SIGNATURE

Name: ANA VASQUEZDate: 01/04/22 Time: 5:55pm

Office Only: \_\_\_\_\_



Patient Name: Ana C. VasquezDate of Injury: 10-23-21Date of Visit: 1/5/22

## PATIENT COMPLAINS OF PAIN IN:

Neck Mid/Upper/Low Back  
 Hip R/L Knee R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Heels/Toes  
 Other:

## Timing:

Constant Intermittent

## Activities of Daily Living Affected:

Work School Home Rec Sleep  
~~Stair~~ ~~Stair~~ ~~Walking~~ ~~Walking~~  
~~Reaching~~ ~~Reaching~~ ~~Grasping~~ ~~Grasping~~  
 Push/Pull/Kneel/Sit/Stand/Overhead  
 Cook/Clean/Childcare/Sports/PE

## Notes:



Sharp-/// Dull/Achy-OOO Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness-+++ Tingling/Needles-+++

## ASSESSMENT

☐ IMPROVING ☒ UNCHANGED  
☐ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/S1 OCCIPUT

EXTREMITIES

## MOVEMENT:

CERV: TIOR: LUMB: EXTREMITIES  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFR/TP/ART:

CERV TIOR LUMB EXTREMITIESSUBCUTANEOUS

LEVATOR SCAPULAE

LATISSIMUS DORSI

GRACILISGLUTEUS MEDIUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

TRAPEZIUS

RHOMBIOIDS

PECTORALS

PSOAS

SPRINT

ANT POST

ANT POST

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNITS
97014	EMS UNATTENDED	1
97043	MECH Traction	1
97010	HEAT/COLD APPLY	
97160	MANUAL THERAPY	1
97035	ULTRASOUND	
97110	THER EXERCISES	1
97530	THER ACTIVITIES	
97112	VIBRATION / NM-RE	
99090	DECOMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

1) Whiplash Protocol ROM Strength  
 2) Therapy Ball 1X ROM Strength  
 3) Spinal Stabilization ROM Strength  
 4) Upper Ext Protocol ROM Strength  
 5) Lower Ext Protocol ROM Strength  
 6) Treadmill/Bike  
 7) Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE SUBACUTE REHAB PRN  
 EXACERBATION CONTINUE TO  
 DISCHARGE

## SCHEDULE:

3 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE:

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

Name: Ana VasquezDate: 01/05/22 Time: 5:18 pm

Office Only:

PROVIDER SIGNATURE:

Leticia Obal

PATIENT SIGNATURE:

REFERRALS: MD/CT/MR/NVC/NEURO/ORTHO/INJECTIONS/PT/PE/FC/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits







Patient Name: Anna C. Vazquez

Date of Injury: 1-23-21 Date of Visit: 1/13/22

**PATIENT COMPLAINS OF PAIN IN:**

Neck Mid Upper Low Back  
Hip R/L Knee R/L Ankle/Foot R/L  
Chest/Ribs Shoulder R/L Elbow R/L  
Wrist/Hand R/L Headaches  
Other: \_\_\_\_\_

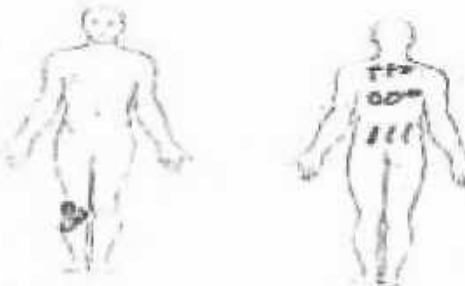
**Timing:**

Constant Intermittent

**Activities of Daily Living Affected:**

Work School Home Rec Sleep  
Stair Standing/Walking Yoga  
Bending Kneeling Climbing Carry  
Push/Pull/Kneel/Scoop/Overhead  
Cook/Clean/Childcare/Sports/PE

**Notes:**



Sharp-// Dull/Achy-000 Burning-XXX  
Throbbing-T Stiff/Sore-S  
Numbness- --- Tingling/Needles-+++

**ASSESSMENT**

☐ IMPROVING ☐ UNCHANGED  
☐ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

**MANIPULATION/ADJUSTMENT**

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SI \_\_\_\_\_ OCCIPUT \_\_\_\_\_  
EXTREMITIES \_\_\_\_\_

**MOVEMENT:**

CERV: THOR LUMB EXTREMITY  
GOOD GOOD GOOD GOOD  
PAIN PAIN PAIN PAIN  
RESIST RESIST RESIST RESIST

**MANUAL THERAPY/MFR/TP/ART:**

CERV THOR LUMB EXTREMITY

SUBOCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDIUS

UPPER EXT LINES:

LOWER EXT LINES: ANT POST

OTHER: \_\_\_\_\_

TRAPIZIUS

RHOMBOIDS

PICTORALS

PSOAS

PIRIFORMIS

**EXAM and TREATMENT**

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

**MODALITIES:**

CPT	SERVICE	AREA/UNITS
97014	EMS UNATTENDED	X1
97012	MECH TRACTION	X1
97010	HOT/COLD APPLY	
97140	MANUAL THERAPY	X1
97035	ULTRASOUND	
97110	THER EXERCISES	X1
97530	THER ACTIVITIES	
97112	VIBRATION / NM-RF	X1
59090	DECOMPRESSION	C / T / L

**EXERCISE/REHAB PROTOCOL NOTES:**

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☐ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

**REVIEW OF RECORDS:**

**PLAN**

**TREATMENT PHASE:**

ACUTE SUB-ACUTE REHAB PRN  
EXACERBATION CONTINUE Tx  
DISCHARGE

**SCHEDULE:**

2 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE: \_\_\_\_\_

**WORK STATUS:**

OFF WORK LIGHT DUTY FULL DUTY

**REMARKS AND COMMUNICATIONS**

☒ Patient responded well to treatment without incident.

**OBJECTIVE**

CERV	THOR	LUMB	EXT
<u>SP/ST</u>	<u>SP/ST</u>	<u>SP/ST</u>	<u>SP/ST</u>

TENDER TENDER TENDER TENDER

C-ROM ↑↓ WNL PAIN

T-ROM ↑↓ WNL PAIN

L-ROM ↑↓ WNL PAIN

E-ROM ↑↓ WNL PAIN

Knee  
ORTHO/NEURO EXAM:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/TPE/FCE/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE: Hehanna Obel

PATIENT SIGNATURE: \_\_\_\_\_

Name: Anna Vazquez

Date: 1/13/22 Time: 5:35pm

Office Only: \_\_\_\_\_



Patient Name: ANA C. VASQUEZ Date of Injury: 10/23/22 Date of Visit: 1/19/22

# **PATIENT COMPLAINS OF PAIN IN:**

☒ Neck ☒ Mid/Upper Back ☒ Low Back  
☒ Hip R/L ☒ Knee ☒ Ankle/Foot R/L  
☒ Chest/Ribs ☒ Shoulder R/L ☒ Elbow R/L  
☒ Wrist/Hand R/L ☒ Headaches  
 Other: \_\_\_\_\_

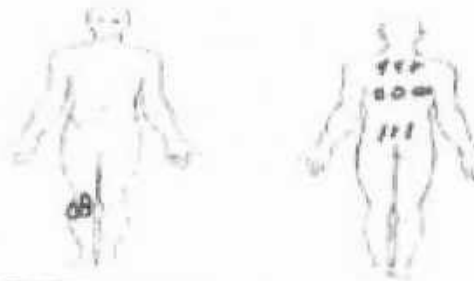
## **Timing:**

Constant ☒ Intermittent

## **Activities of Daily Living Affected:**

☒ Work ☒ School ☒ Rec Sleep  
☒ Sitting/standing/Walking/Other  
☒ Reaching/Grasping/Carry  
☒ Push/Pull/Kneel/Sit/Overhead  
☒ Cook/Clean/Childcare/Sports/PE

## **Notes:**



Sharp-/// Dull/Achy-000 Burning-XXX  
 Throbbing-1 Stiff/Sore-5  
 Numbness---- Tingling/Needles-+++

## **ASSESSMENT**

☒ IMPROVING ☐ UNCHANGED  
☐ WORSENING ☐ RESOLVED  
☒ MILD ☐ MODERATE ☐ SEVERE

## **MANIPULATION/ADJUSTMENT**

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/NI OCCIPUT

EXTREMITIES

## **MOVEMENT:**

CERV. THOR. LUMB. EXTREMITY  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

## **MANUAL THERAPY/MFR/TP/ART:**

☒ CERV ☒ THOR ☒ LUMB ☒ EXTREMITY

☒ UPPER CERVICAL

☒ LOWER CERVICAL

☒ SCAPULAE

☒ LATISSIMUS DORSI

☒ QUAD LUMBORUM

☒ GLUTE MEDIUS

☒ UPPER EXT LINES:

☒ LOWER EXT LINES:

OTHER:

☒ RAPELERS

☒ RHOMBUS

☒ PECTORALS

☒ PSOAS

☒ PIRIFORMES

☒ ANT POST

☒ ANT POST

## **EXAM and TREATMENT**

### **INIT EVAL CMT THERAPY RE-EXAM**

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## **MODALITIES:**

CPT	SERVICE	AREA/UNIT
97010	EMS UNATTENDED	101
97010	MEDICAL Traction	1
97010	DIET/COLD/APPV	1
97010	MANUAL THERAPY	1
97010	ULTRASOUND	1
97010	THER EXERCISES	1
97010	THER ACTIVITIES	1
97010	VIBRATION /NM-RE	1
97010	DECOMPRESSION	1

## **EXERCISE/REHAB PROTOCOL NOTES:**

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## **REVIEW OF RECORDS:**

## **PLAN**

### **TREATMENT PHASE:**

ACUTE SUB-ACUTE ☒ REHAB PRN  
 ENHANCEMENT CONTINUE Tx  
 DISCHARGE

### **SCHEDULE:**

2 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE:

### **WORK STATUS:**

OFF WORK LIGHT DUTY FULL DUTY

## **REMARKS AND COMMUNICATIONS**

☒ Patient responded well to treatment without incident.

Name: Ana Vasquez

Date: 01/19/22 Time: 3:45pm

Office Only:

PROVIDER SIGNATURE:

PATIENT SIGNATURE:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PT/OT/PE/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits



Patient Name: Ang Vasquez Date of Injury: 1/23/21 Date of Visit: 1/20/22

**PATIENT COMPLAINS OF PAIN IN:**

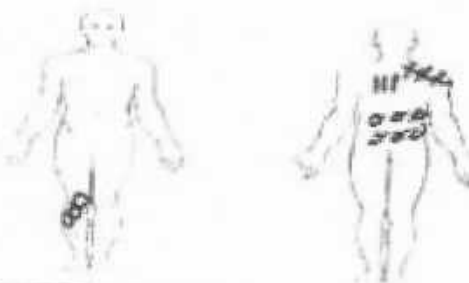
Mid Upper Back Low Back  
Hip R/L Knee R/L Ankle/Foot R/L  
 Chest/Ribs Shoulder R/L Elbow R/L  
 Wrist/Hand R/L Headaches  
 Other: \_\_\_\_\_

Timing: \_\_\_\_\_  
 Constant Intermittent

**Activities of Daily Living Affected:**

Work School Home Rec Sleep  
Sitting Standing/Walking Driving  
Reaching Lifting/Grasping/Carry  
 Push/Pull/Kneel/Squat/Overhead  
 Cook/Clean/Childcare/Sports/PE

Notes: \_\_\_\_\_



Sharp-/// Dull/Achy-000 Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness--- Tingling/Needles-+++

**ASSESSMENT**

☐ IMPROVING ☒ UNCHANGED dis  
☐ WORSENING ☐ RESOLVED  
☐ MILD ☐ MODERATE ☐ SEVERE

**MANIPULATION/ADJUSTMENT**

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SH \_\_\_\_\_ OCCIPUT \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

**MOVEMENT:**

CERV. THOR. LUMB. EXTREMITIES

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

**MANUAL THERAPY/MFR/TRT/ART:**

CERV THOR LUMB EXTREMITIES

**SUPPLEMENTAL**

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDIUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER \_\_\_\_\_

**SCAPULARES**

RHOMBOIDS

PECTORALS

PSOAS

PIRIFORMES

ANT POST

ANT POST

Knee

**EXAM and TREATMENT**

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

**MODALITIES:**

CPT	SERVICE	AREA/UNITS
97014	EMS UNATTENDED	<u>X1</u>
97018	MECH TRACTION	<u>M</u>
97019	HOT/COLD APPLY	
97110	MANUAL THERAPY	<u>X1</u>
97035	ULTRASOUND	
97530	THER EXERCISES	<u>M</u>
97530	THER ACTIVITIES	
97920	VIBRATION/NM/RU	<u>M</u>
99090	DECOMPRESSION	<u>CITIL</u>

**EXERCISE/REHAB PROTOCOL NOTES:**

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

**REVIEW OF RECORDS:**

**PLAN**

**TREATMENT PHASE:**

ACUTE SUB-ACUTE REHAB P&N

EXACERBATION CONTINUE Tx

DISCHARGE

**SCHEDULE:**

2 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE: \_\_\_\_\_

**WORK STATUS:**

OFF WORK LIGHT DUTY FULL DUTY

**REMARKS AND COMMUNICATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☒ Patient responded well to treatment without

Name: Ang Vasquez

Date: 01/20/22 Time: 5:24pm

Office Only: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

[Signature]

REFERRALS: MD/CT/MR/NUC/NEURO/ORTHO/INJECTIONS/PT/PT/CE/PS/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits



Patient Name: ANA E. VASQUEZ Date of Injury: 10/23/21 Date of Visit: 1/26/22

# **PATIENT COMPLAINS OF PAIN IN:**

Neck Mid Upper Back Low Back  
Hip R/L Knee R/L Ankle/Foot R/L  
Chest/Ribs Shoulder R/L Left R/L  
Wrist/Hand R/L Head/Neck  
Other: \_\_\_\_\_

## **Timing:**

Constant Intermittent

## **Activities of Daily Living Affected:**

Work/School Home Rec Sleep  
Sitting Standing/Walking/Driving  
Bending Lifting/Grasping/Carry  
Push/Pull/Kneel/Sit/Overhead  
Cook/Clean/Childcare/Sports/PE

## **Notes:**



Sharp-/// Dull/Achy- (X) Burning-XXX  
Throbbing- T Stiff/Sore- S  
Numbness- --- Tingling/Needles- +++

## **ASSESSMENT**

☐ IMPROVING Unchanged  
☐ WORSENING RESOLVED

## **MANIPULATION/ADJUSTMENT**

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SI OCCIPUT

EXTREMITIES

## **MOVEMENT:**

CERV: THOR: LUMB: EXTREMITIES:

GOOD GOOD GOOD GOOD

PAIN PAIN PAIN PAIN

RESIST RESIST RESIST RESIST

## **MANUAL THERAPY/MFR/T/ART:**

SPR THOR LE EXTREMITIES

## **SUBOCIPITAL**

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDIUS

UPPER EXT LINES:

ANT POST

LOWER EXT LINES:

ANT POST

OTHER:

## **TRAPPEZUS**

TRAPPEZUS

PECTORALS

PSOAS

PIRIFORMIS

## **EXAM and TREATMENT**

### **INIT EVAL CMT THERAPY RE-EXAM**

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## **MODALITIES:**

CPT	SERVICE	AREA/UNITS
97012	EMS UNATTENDED	21
97022	MECH TRACTION	21
97010	HOT/COLD APPLY	
97140	MANUAL THERAPY	21
97035	ULTRASOUND	
97140	THER EXERCISES	21
97110	THER ACTIVITIES	
97442	VIBRATION / NMRE	21
97090	DECOMPRESSION	C / 1 / 1

## **EXERCISE/REHAB PROTOCOL NOTES:**

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## **REVIEW OF RECORDS:**

## **PLAN**

### **TREATMENT PHASE:**

ACUTE SUB-ACUTE REHAB PRN

EXACERBATION CONTINUE Tx

DISCHARGE

### **SCHEDULE:**

2 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE: \_\_\_\_\_

### **WORK STATUS:**

OFF WORK LIGHT DUTY FULL DUTY

## **REMARKS AND COMMUNICATIONS**

☒ Patient responded well to treatment without incident.

PROVIDER SIGNATURE: Helene Chul

CA: AS

Name: Ana Vasquez

Date: 01/26/22 Time: 4:59 pm

Office Only: \_\_\_\_\_

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCI/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits



Date: 01/27/21 Time: 4:42 pm  
Office Only:



Patient Name: Ara E. VasquezDate of Injury: 10/23/21Date of Visit: 02/11/22

## PATIENT COMPLAINS OF PAIN IN:

☒ Neck ☒ Mid/Upper Back ☒ Low Back  
☒ Hip R/L ☒ Knee R/L ☒ Ankle/Foot R/L  
☒ Chest/Ribs ☒ Shoulder R/L ☒ Elbow R/L  
☒ Wrist/Hand R/L ☒ Headaches  
 Other: \_\_\_\_\_

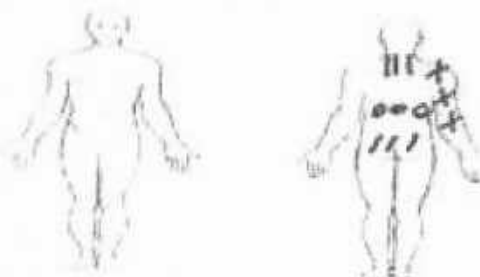
## Timing:

☒ Constant ☒ Intermittent

## Activities of Daily Living Affected:

☒ Work ☒ School ☒ Home ☒ Rec ☒ Sleep  
☒ Stairs ☒ Driving ☒ Walking ☒ Gym  
☒ Bending ☒ Lifting ☒ Grasping ☒ Carry  
☒ Push/Pull/Kneel/Stoop/Overhead  
☒ Cook/Clean/Childcare/Sports/PE

## Notes:



Sharp-// Dull/Achy-000 Burning-XXX  
 Throbbing-T Stiff/Sore-S  
 Numbness---- Tingling/Needles-+++

MILD ASSESSMENT  
☒ IMPROVING ☐ UNCHANGED  
☐ WORSENING ☐ RESOLVED

## MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

L-12345

SACRUM/SI \_\_\_\_\_ OCCIPUT \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

## MOVEMENT:

CERV: THOR: LUMB: EXTREMITY:  
 GOOD GOOD GOOD GOOD  
 PAIN PAIN PAIN PAIN  
 RESIST RESIST RESIST RESIST

## MANUAL THERAPY/MFR/TPI/ART:

☒ CERV ☒ THOR ☒ LUMB ☒ EXTREMITY

## SUBOCIPITAL

LEVATOR SCAPULAE

LATISSIMUS DORSI

QUAD LUMBORUM

GLUTE MEDIUS

UPPER EXT LINES:

LOWER EXT LINES:

OTHER:

## TRAPEZIUS

RHOMBIDS

PECTORALS

PSOAS

PIRIFORMIS

ANT POST

ANT POST

Knee

## EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM

99205 99204 99203 99202 99201

99215 99214 99213 99212 99211

## MODALITIES:

CPT	SERVICE	AREA/UNITS
97012	FMS UNATTENDED	X1
97012	MECH TRACTION	X1
97010	HOT/COLD APPLY	X1
97010	MANUAL THERAPY	X1
97015	ULTRASOUND	X1
97110	THER EXERCISES	X1
97530	THER ACTIVITIES	X1
97110	VIBRATION / NM-RE	X1
99090	DECOMPRESSION	C / T / L

## EXERCISE/REHAB PROTOCOL NOTES:

☐ Whiplash Protocol ROM Strength  
☐ Therapy Ball EX ROM Strength  
☒ Spinal Stabilization ROM Strength  
☐ Upper Ext Protocol ROM Strength  
☒ Lower Ext Protocol ROM Strength  
☐ Treadmill/Bike  
☐ Functional Activities

## REVIEW OF RECORDS:

## PLAN

## TREATMENT PHASE:

ACUTE SUB-ACUTE REHAB PRN  
 EXACERBATION CONTINUE X

## DISCHARGE

## SCHEDULE:

2 TIMES PER WEEK FOR 3 WEEKS

RE-EVALUATION DATE: \_\_\_\_\_

## WORK STATUS:

OFF WORK LIGHT DUTY FULL DUTY

## REMARKS AND COMMUNICATIONS

☒ Patient responded well to treatment without incident.

## OBJECTIVE

CERV THOR LUMB EXT  
☒ SP ☒ NP ☒ SP ☒ SP

☒ TENDER ☒ TENDER ☒ TENDER ☒ TENDER

C-ROM ☒ ☒ WNL PAIN

T-ROM ☒ ☒ WNL PAIN

L-ROM ☒ ☒ WNL PAIN

E-ROM ☒ ☒ WNL PAIN

## ORTHO/NEURO EXAM:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPE/CE/PM/OTHER

OBJECTIVE KEY: FX=Joint restriction, SP=Spasm, HT=Hypertonic muscle, WNL=Within normal limits

PROVIDER SIGNATURE:

CA:

Ilchenna Obuku

Name:

Ara Vasquez

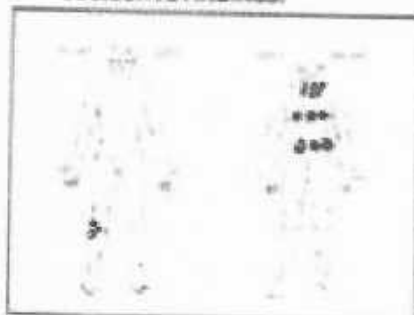
Date: 02/11/22 Time: 4:30 pm

Office Only:



Patient Name: Anna VasquezD.O.I.: 10.23.21Date: 2/18/22

## SUBJECTIVE FINDINGS:



## Character:

Sharp: /// Stiff/Sore: S  
 Dull/Achy: OOO Numbness: aaa  
 Burning: XXX Throbbing: T  
 Tingling/Needles: +++

## Activities of Daily Living:

Work: Heel Shoe  
Run Standing/Walking/Lying/  
 Bending/ Grasping Carry/  
 Push/ Pull/ Kneel/ Scoop/ Cook/  
 Overhead/ Clean/ Childcare/ PE

## OBJECTIVE FINDINGS:

CERV THOR LUMB EXT  
SP SP SP SP  
 SP/HT SP/HT SP/HT SP/HT  
 TENDER TENDER TENDER TENDER

C-ROM INC DEC WNL PAIN  
 T-ROM INC DEC WNL PAIN  
 L-ROM INC DEC WNL PAIN  
 E-ROM INC DEC WNL PAIN

D.T.R. 1=typo 2=normal 3=hyper  
 Up/Low Sensory WNL Inc. Dec  
 Up/Low Motor WNL Inc. Dec  
 Other: \_\_\_\_\_

Appearance: poor fair good  
 Orientation: poor fair good

Blood Pressure: 110/70  
 Height: 4' 8" W.T.: 155 lbs

## CERVICAL ORTHOPEDIC TESTS

Cervical Compression + - R/L  
 Jackson's Max. Com. + - R/L  
 Distraction + - R/L  
 Valsalva Test + - R/L  
 Shoulder Depression + - R/L  
 Soto Hall + - R/L  
 O'Donoghue's + - R/L

## LUMBAR ORTHOPEDIC TESTS

Beckertow's + - R/L  
 Kemp's + - R/L  
 Double Leg Raise + - R/L  
 Well Leg + - R/L  
 Fabere's + - R/L  
 Nachlas + - R/L  
 Ely's Heel to Buttock + - R/L  
 Yeoman's + - R/L  
 O'Donoghue's + - R/L

## SHOULDER ORTHOPEDIC TESTS

Supraspinatus Press + - R/L  
 Apprehension + - R/L  
 Apley's + - R/L  
 Yergason + - R/L  
 Drop Arm + - R/L  
 Dugas + - R/L  
 Abd/Arch + - R/L

## ELBOW ORTHOPEDIC TESTS

Med. Lig. Stability + - R/L  
 Lat. Lig. Stability + - R/L  
 Tinell's + - R/L  
 Cozen's + - R/L  
 Mil's + - R/L

## WRIST/HAND ORTHOPEDIC TESTS

Allen's + - R/L  
 Phalen's + - R/L  
 Finkelstein's + - R/L

## HIP ORTHOPEDIC TESTS

Patrick Fabere + - R/L  
 Hibbs + - R/L  
 Thomas + - R/L  
 Ober + - R/L

## KNEE ORTHOPEDIC TESTS

Patellar Tap + - R/L  
 Anterior Drawer + - R/L  
 Posterior Drawer + - R/L  
 Varus Stress + - R/L  
 Patellar Grinding + - R/L  
 Apley's Compression + - R/L  
 Bulattment + - R/L  
 Anterior Drawer Sign + - R/L

## ANKLE/FOOT ORTHOPEDIC TESTS

Talo-Fib Stability + - R/L  
 Ankle Dorsiflexion + - R/L  
 Homan + - R/L

## MANIPULATION/MANUAL THERAPY

CMT: 98940 98941 98942 98943  
 C 1 2 3 4 5 6 7 8 9 10 11 12  
 T 1 2 3 4 5 6 7 8 9 10 11 12  
 L 1 2 3 4 5 6 7 8 9 10 11 12  
Manual

## RE-EXAM CODES

99215/ 99214/ 99213/ 99212/ 99211

## ASSESSMENT:

Unchanged  
 Working Exacerbation

## PLAN &amp; TREATMENT

## Decompression Therapy C / T / L

59050 (to restore form and function, relieve joint stress, pain, and inflammation)

97014 E.M.S. (to help decrease muscle spasm, promote tissue healing, and its analgesic effect)

97012 Intersgmental Traction (to promote joint mobility, improve synovial fluid exchange, and reduce the risk of adhesion formation)

97010 Heat/Ice (to increase cellular metabolism)

9713 Myofascial/T.P.T (to decrease pain and inflammation and improve tissue function)

97035 Ultrasound (to aid the clearing of fibrous adhesions and softening of collagenous side tissue)

97110 Stretching/Exercise (to increase &amp; maintain soft tissue length and joint range of motion and helps prevent injury recurrence)

97120 Vibration Therapy/MM-RE (to help increase ROM, lean muscle mass and firm muscles to create overall effect of a more toned, firm, and healthy body)

Continue Modify PLAN OF CARE

Discharge PM

1X 2X 3X 4X 5X Daily for -

1WK 2WK 3WK 4WK

## Referral for Evaluation

Medical Doctor Consultation

Orthopedic Consultation

Neurologist Consultation

Pain Management Consultation

X-Ray

MRI/CT-Scan

PSYC EVAL

## Home Instruction:

Stretch Heel Rest Ice/Heat

No physical activity

## Established Goal:

Increase overall body ROM/flexibility

Increase overall body strength

Improve gait/balance

Increase strengthening of core muscles

Decrease overall pain/increase comfort

## Comments:

The patient is released  
from care after pain

Doctor's Signature: Ulkeena Obiah

Re-Exam 1 2 3 4 5 6 7 8 9 10 Release

Name: Anna Vasquez  
 Date: 2/18/22 Time: 5:11 PM  
 Office Only:





# IDEAL PAIN & INJURY

13101 Preston Rd, Ste. 480 Dallas, TX 75240

Phone: 972-252-7246 Fax: 972-252-7242

## PATIENT FINAL RELEASE FORM

I, Ana Vasquez, am being released from Ideal Chiropractic Pain and Injury and the treating doctor(s) due to the completion of my treatment on (date) 02/18/22. I fully understand that upon signing this form I agree with the following:

- 1) I am aware and agree with all the documented visits and treatment that were done to me while I was a patient at Ideal Chiropractic Pain and Injury. These treatments include, but are not limited to:
  - Adjustments, ultrasound, electrical muscle stimulation, traction, ice/heat therapy, exercises, stretches, rehab, diagnostics (x-rays, MRI, CT, EMG, etc.), medical referrals and or any other treatment necessary to help with my condition.
- 2) I agree with dates of my visits.
- 3) I agree that all the signatures in my file and daily notes were signed by me and no one else.
- 4) I authorized Ideal Chiropractic Pain and Injury to send this form along with any initial/final report, daily notes, and chiropractic/medical bill to any Attorney, Insurance adjuster, Investigator, or Third-party provider for their records. If any additional information is needed from Ideal Chiropractic Pain and Injury by an Attorney, Insurance adjuster, Investigator, or Third-party provider I will need to be notified before any document or personal information can be released.
- ❖ I also agree that as of today my condition has significantly improved and I have no or mild pain/soreness for the time being, but may worsen depending on the severity of my condition and may require future chiropractic/medical care. These conditions include, and are not limited to: DJD, Fractures, Dislocations, Disc Herniation/Protrusion, Sprain/Strain, Arthritis, Muscle/Tendon/Ligament tear/Rupture, etc...

Patient Name: Ana C. Vasquez Flores Date: 02/18/22  
Patient Signature: [Signature]



**MEDICAL RECORDS - CONFIDENTIAL**

**FROM:**

ADHC ED  
7502 Greenville Avenue  
DALLAS  
TX  
75231-3802  
Phone: (469) 221-5000  
Fax: (713) 383-4445

**TO:**

**ATTENTION:**

Name: **ANA VASQUEZ**

DOB: **08/01/1983**

Date of Range: **10/23/2021 to 10/24/2021**



## Admin Documents



VASQUEZ, ANA

SEX: FEMALE AGE: 38 VISIT ID: 234617

MRN: 266686

DOB: 08/01/1983

DR. BURKETT

DOS: 10/24/2021

## Patient Information

## Patient Registration

## CURRENT PATIENT INFORMATION

Last Name: VASQUEZ

First Name: ANA

Middle Name:

Address: 5845 RANCHO DR QUINLAN

City: QUINLAN State: TX

Zip: 75474

Home Phone: (469) 671-1659

Work Phone:

Mobile Phone: (469) 671-1659

Sex: F

Date of Birth: 08/01/1983

Social Security No.: XXX-XX-9999

Patient email:

## Guarantor Information (to whom statements are sent)

Name: ANA VASQUEZ

Address: 5845 RANCHO DR QUINLAN

QUINLAN, TX 75474

Relationship to patient:

Date of Birth: [[GUARANTOR DOB]]

Social Security No.: 999999999

Phone: ( ) -

## Emergency Contact Information

Name: DANIEL FLORES

Relationship: SPOUSE

Phone: (214) 573-3637

Mobile Phone: ( ) -

Patient athena ID: 266686

## Primary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

## Policy Information

Last Name:

First Name:

ID/Certification No.:

Middle Name:

Policy/Group No.:

Address:

State:

Zip:

Date of Birth:

Sex:

## Secondary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

## Policy Information

Last Name:

First Name:

ID/Certification No.:

Middle Name:

Policy/Group No.:

Address:

State:

Zip:

Date of Birth:

Sex:

## Hospital Stay Information

Visit ID: 234617

Patient Age: 38 YR

Visit Primary Insurance:

Visit Secondary Insurance:

Check In Date: 10/23/2021 19:55

Discharge Date: 10/23/2021 23:25

Admission Type: Emergency



Discharge Status: Discharged to home or self care (routine discharge)

Visit Room:

Visit Bed:

Admitting Provider: BURKETT, JOSEPH

Attending Provider: PATEL, RAVI MD

Admitting Provider: BURKETT, JOSEPH

Operating Provider:

Other Operating Provider:



## Discharge Summary

Date: 2021-10-23 (open)

## Discharge Summary



AD Hospital East, LLC  
7502 Greenville Avenue, DALLAS, TX 75231-3802  
Phone: (469) 221-6000 | Fax: (713) 383-4446



Name Ana Vasquez	Sex F	Age 38 years old	DOB 08-01-1983
ID 266686	Race Other Race	Ethnicity Hispanic or Latino/Spanish	Language Spanish
Address 5845 Rancho Dr Quinlan, Quinlan, TX 75474		Home Phone (469) 671-1659	Work Phone None recorded

Below is a summary of the hospital visit for Ana Vasquez. This patient was seen and treated at AD Hospital East, LLC. If you have any questions please contact us at (469) 221-6000.

## Visit Details

**Admitted On:** None recorded

**Admit Attending:**

Joseph Burkett, \_MD

**Admitting Diagnoses:** None recorded

**Admit Service:** None recorded

**PCP:** None recorded

**Pharmacy:** None recorded

**Discharge Signed By:**

JOSEPH\_BURKETT\_MD

**Discharged On:** 23:25, 10-23-2021

**Discharge Attending:**

Joseph Burkett, \_MD

**Discharge Diagnoses:**

headache; vehicle accident; strain of neck muscle; strain of back muscle

**Condition:** Stable

**Disposition:** home or self care

**Facility:** None recorded

**Discharge Signed On:**

22:59, 10-23-2021

## Visit Summary

### Discharge Diagnoses

- Headache
- Vehicle Accident
- Strain Of Neck Muscle
- Strain Of Back Muscle

## Hospital Course



Discussed with pt, no obvious serious injuries seen by radiology on cts and xrays. Also discussed limitations on sensitivity of these imaging techniques and that some serious injuries may be missed. She may need an MRI as an outpt, and to f/u with spine, ortho, and trauma team without fail. Pt acknowledged all of these things and agreed with plan.

## **Consults**

None recorded

## **Labs and Imaging**

### **Completed Labs and Imaging**

- CT Head/Brain Wo/Dye(70450)
- CT Cervical Spine Wo/Dye(72125)
- CT Chest W/Dye(71260)
- CT Abdomen & Pelvis W Dye(74177)
- CBC
- BMP
- CMP
- Urinalysis W Micro Auto
- HCG Qualitative, Urine

### **Pending Labs and Imaging**

None recorded

### **Discontinued Labs and Imaging**

- Xr Hip 2+ Vws Right(73502)
- Xr Hip 2+ Vws Left(73502)

## **Discharge Vitals**



Vital	Most Recent	Time	4 Hour Range
Oxygen saturation	99 % room air	10-23-2021 23:18	99 % - 99 %
Height	4 ft 11 in (149.86 cm)	10-23-2021 20:57	4 ft 11 in (149.86 cm) - 4 ft 11 in (149.86 cm)
BMI	31.331	10-23-2021 20:57	31.331 - 31.331
Weight	155 lbs 2 oz (70.36 kg)	10-23-2021 20:57	155 lbs 2 oz (70.36 kg) - 155 lbs 2 oz (70.36 kg)
Respiratory rate	20	10-23-2021 23:18	18 - 20
Blood pressure	113 / 72 (86) sitting upper arm - left adult - large	10-23-2021 23:18	110/87 - 113/72
Heart rate	82 bpm regular cardiac monitor	10-23-2021 23:18	82 bpm - 93 bpm
Temperature	98.2 °F oral (36.78 C)	10-23-2021 23:18	98.2 °F (36.78 C) - 98.6 °F (37 C)
Pain level	6 numeric	10-23-2021 23:18	6 - 7

**Intake & Output 24 Hour Total**

Intake	0.0ml
Output	0.0ml
Net Balance	0ml

**Discharge Instructions****Nursing Summary of Care**

None recorded

**Patient Goals**

None recorded

**Patient Instructions**

Please follow up with the trauma team and spine physicians without fail.  
Please return to the ER immediately if you have increased pain or any other new or concerning symptoms.



## Allergies

The following allergies have been listed for the patient:

- NKDA

## Medications

*\*Medication reconciliation has not been completed.*

Medications listed under **Home Medications** are recorded upon start of the visit.

### Home Medications

No medications were recorded.

Medications listed under **start** are new medications the patient is being

## Discharge Planning Notes

Date: 10/23/2021 19:55 to 10/23/2021 23:25

- 23:20, 10-23-2021

### Start These Medications

Discharge discussed with patient and husband with interpreter on the connection, Richard (Interpreter ID: 1091783). Printed discharge paperwork and provided patient with a copy, reading over important points to patient with interpreter. LVN obtained patient signature on discharge paperwork. All of patient's questions answered at this time. Pt. ambulating to ER waiting room exit with husband. No s/s of distress.

Entered by Sonia Burnett | 23:27, 10-23-2021

## Patient Discharge Instructions

Date: 10/23/2021 19:55 to 10/23/2021 23:25

### Patient Discharge Instructions

AD Hospital East, LLC  
7502 Greenville Avenue, DALLAS, TX 75231-3802  
Phone: (469) 221-6000 | Fax: (713) 383-4446

Name  
Ana Vasquez

DOB  
08-01-1983

Home Phone  
(469) 671-1659

ID  
266686

Dear Ana Vasquez,  
Below is a summary of your hospital visit. If you have any questions about the care you received, please call AD Hospital East, LLC at (469) 221-6000.

## Your Visit Details



**Admitted On:** None recorded

**Admit Attending:** Joseph Burkett, \_MD

**Admitted For:** None recorded

**Discharged On:** 23:25, 10-23-2021

**Discharge Attending:**  
Joseph Burkett, \_MD

**Discharged With:**  
headache; vehicle accident; strain of  
neck muscle; strain of back muscle

## Discharge Instructions

### Patient Instructions

Please follow up with the trauma team and spine physicians without fail. Please return to the ER immediately if you have increased pain or any other new or concerning symptoms.

Entered by JDS/PH/BURKETT, MD 23:50/10-23-2021

## Medications

*\*Medication reconciliation did not occur, please consult your PCP for further information.*

Medications listed under **start** are new medications you are being given.

### Start These Medications

No medications need to be started at this time.

## Education

Refer to the following educational materials for more information about your diagnoses, medications, and other important information:

- back strain: care instructions
- headache: care instructions
- neck strain: care instructions

**Patient's Signature**

**Date**

**Nurse's Signature**

**Date**

Flowsheet Measurements

Flowsheet Screening



## Flowsheet ADL

## Flowsheet ADLs

## Flowsheet Airways

## Flowsheet Assessments

## Flowsheet Drains

## Flowsheet Head to Toe

## Flowsheet Intake &amp; Output

## Flowsheet Lines

## Flowsheet Restraints

## Flowsheet Tubes

## Flowsheet Vitals

## 20:57, 10-23-2021 CDT Main Vitals

Temperature 98.6 F, oral  
Heart rate 93 bpm, regular, pulse oximeter, normal sinus  
Blood pressure 110 mmHg, 87 mmHg, 95 mmHg, adult, automatic, upper arm - left, sitting  
Respiratory rate 18 breaths per minute  
Oxygen saturation 99 %, room air  
Pain level 7, numeric  
Pain location back of the neck, back of head, lower back pain, and bilateral thighs  
Height 4 ft 11 in, measured  
Weight 155 lbs 2 oz, standing scale  
BMI 31.331  
BSA 1.711

## 23:18, 10-23-2021 CDT Main Vitals

Temperature 98.2 F, oral  
Heart rate 82 bpm, regular, cardiac monitor  
Blood pressure 113 mmHg, 72 mmHg, 86 mmHg, adult - large, automatic, upper arm - left, sitting  
Respiratory rate 20 breaths per minute  
Oxygen saturation 99 %, 21 %, room air  
Pain level 6, numeric  
Pain location low back, neck, headache

## Flowsheet Wounds

## Imaging Results



Result date	10/23/2021 21:57
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Abdomen & Pelvis W Dye(74177)

Observation	Interpretation
	<p>CT of the abdomen and pelvis with contrast. Helically acquired CT images were obtained through the abdomen and pelvis with contrast. Noismatic were obtained in 7 phases. Total AIP is 1765.24. 35 cc of Omnipaque 300 was injected intravenously. CT was performed following ALARA principles. Comparison: None. Clinical indication: HCC, port. Visualized lung bases are clear. The liver, gallbladder, pancreas, spleen, adrenal glands and kidneys bilaterally appear unremarkable. Caliber of the aorta is normal. Urinary bladder is seen normally. Ovaries grossly appear normal. Right ovary measures 4.8 cm x 2.8 cm and appears unremarkable. Left ovary measures 5.4 cm x 3.1 cm and shows a cyst measuring 5.7 cm x 2.5 cm. No free fluid or free air is seen. No bowel obstruction/constipation is seen. Appendix appears normal. Small subileal hernia containing fat is seen. No fracture is noted. Impression: Abdominal viscera are intact. Left ovarian cyst. No fracture is noted.</p> <p>KIRK TECHNICALLY SIGNED BY MATTHEW CHANG on 10/23/2021 22:27:19</p>



Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Chest w/Dye(71260)

Observation	Interpretation
	<p>CT of the chest with contrast. Findings: Contrast helical images were obtained through the chest. Enhancement was obtained in 2 planes. Total IVP is 1265.34. 35 cc of Omnipaque 300 was injected intravenously. The study was performed utilizing ARMS principles. Comparison: None. Clinical indication: Pain, MVC. Thyroid gland appears normal. Caliber of the aorta is normal. Heart size is normal. No pericardial or pleural effusions are noted. No gross adenopathy is seen. Trachea and airways are patent. No lung infiltrates or pneumothorax is seen. No evidence of hypersensitivity pneumonitis is evident. No mass lesion is evident. The visualized upper abdomen is grossly unremarkable. No suspicious bone lesion is seen. No fracture is noted. Impression: No lung infiltrates or evidence of acute lung lesion is noted.</p> <p>ELECTRONICALLY SIGNED BY NATHAN CRAND on 10/23/2021 22:17:16</p>







Result date	10/23/2021 21:33
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Head/Brain W/o/Dye(70450)

Observation	Interpretation
	<p>CT of the head without contrast. Technical: Multiple axial sections were obtained from the skull base to the vertex. Reformat in 2 planes were obtained. CT was performed observing ALARA principles. The total Hounsfield Unit (HU) is 927.95. Comparison: None. Clinical indication: Headache, MVA. Findings: There is no mass effect, intracranial hemorrhage or extracranial fluid collection. The ventricles and sulci appear normal. There is no evidence of acute infarction or focal lesion. No fracture is seen. Sphenoid and mastoid air cells are clear. Impression: No intracranial lesion is seen.</p> <p>ELECTRONICALLY SIGNED BY NATHAN GRANT ON 10/23/2021 21:35:13</p>



**Medication Administration Record****Medication Administration Record for 10-23-2021**

Exported at 10-26-2021 19:15 by mgreene73

There are no active medications for this patient for the selected time range.

**Nursing Tasks****Nursing Tasks - 10/23/2021****Respiratory Tasks****Respiratory Tasks - 10/23/2021****Therapy Tasks****Therapy Tasks - 10/23/2021****Shift Notes**

Date: 10/23/2021 21:59

**Nursing Assessment**

2110-Updated patient on plan of care, to include initiating IV access and drawing labs. Patient verbalized understanding of plan. LVN explained procedure for inserting IV. All of patient's questions answered prior to IV insertion. All supplies gathered at bedside. Confirmed that patient has no limb restrictions. Identified vein for IV insertion. Applied tourniquet. Inserted 20 g IV into right AC. Blood return verified, labs drawn for CBC, BMP, CMP, 10 ml saline flush per protocol. IV flushed w/o resistance. Secured IV w/ plastic tape and IV dressing. Patient tolerated procedure well w/o adverse reaction.

Documented by: [redacted] Date: 10/23/2021

Signed by: [redacted] Date: 10/23/2021

**ED Provider Assessment**

Date: 10/23/2021 20:57

**First Contact with Patient**

20:52, 10-23-2021

**Chief Complaint**

MVA

**Precautions**

None recorded.

**HPI**

Pt is a 38 yo female sp mvc today. Pt was a restrained driver in an MVC this morning, was driving in a parking lot when a car tacked into the side of her car. She reports having immediate diffuse pain. Pain worse in the head, posterior aspect of the neck, upper back, lower back, bilateral lower quadrants. No numbness or weakness but the back pain radiates around to the bilateral hips, no nausea or vomiting, no other associated symptoms.

**Problems**

No known problems



## Home Medications

None Recorded

## Allergies

NKDA

## Surgical History

right wrist surgery

## Social History

## Diet and Exercise

What type of diet are you following?: Regular

What is your exercise level?: Occasional

## Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing?: No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

## Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

## Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

## Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

## Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

## Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

## COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

## Inpatient - Always Shown

VTE SCREENING COMPLETE: No

## Gender Identity and LGBTQ Identity

First name used: ANA

## Family History

Father - No current problems or disability

Mother - No current problems or disability

## ROS

ROS as noted in the HPI

## Physical Exam

Patient is a 38-year-old female.

Head: Head: normocephalic and atraumatic.



**Eyes:** Lids and Conjunctivae: conjunctiva clear left and right, no pallor left eye or right eye, no ptosis left eye or right eye, and non-injected left eye and non-injected right eye. Extraocular Movement: intact left eye and right eye. Lens: clear left eye. Sclerae: non-icteric. Vision: peripheral vision grossly intact.

**ENMT:** Ears: no lesions on external left ear or external right ear, left external auditory canal clear and tympanic membrane clear, and right external auditory canal clear and tympanic membrane clear. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

**Respiratory:** Respiratory effort: unlabored respirations and no use of accessory muscles. Percussion: no dullness, flatness, or hyperresonance. RUL Auscultation: breath sounds normal and good air movement. RLL Auscultation: breath sounds normal and good air movement. LUL Auscultation: breath sounds normal and good air movement. LLL Auscultation: breath sounds normal and good air movement.

**Gastrointestinal:** Inspection and Palpation: LUQ soft, non-distended, and no tenderness; LLQ soft and non-distended, RUQ soft, non-distended, and no tenderness; RLQ soft and non-distended; and LLQ tenderness and RLQ tenderness.

**Musculoskeletal:** Gait and Station: normal gait. Joints, Bones, and Muscles: normal movement of all extremities and no contractures; moderate ttp over the lower cervical paraspinal muscles bilaterally, moderate ttp over the mid thoracic paraspinal muscles, and moderate ttp over diffusely over the lumbar spine. Mild ttp over the lateral aspect of the bilateral hips. No other ttp over the extremities, intact sensation and strength and pulses in all 4 ext.

**Neurologic:** Orientation: oriented to person, place, time and situation. Cranial Nerves: 2-12 grossly intact. Motor Strength and Tone: normal tone. Sensation: grossly intact; intact sensation to light touch and position sense in all 4 ext.

#### Vitals

Oxygen saturation	99 % room air	10-23-2021 20:57	99 % - 99 %
Height	4 ft 11 in (149.86 cm)	10-23-2021 20:57	4 ft 11 in (149.86 cm) - 4 ft 11 in (149.86 cm)
BMI	31.331	10-23-2021 20:57	31.331 - 31.331
Weight	155 lbs 2 oz (70.36 kg)	10-23-2021 20:57	155 lbs 2 oz (70.36 kg) - 155 lbs 2 oz (70.36 kg)
Respiratory rate	18	10-23-2021 20:57	18 - 18
Blood pressure	110 / 87 [95] sitting upper arm - left adult	10-23-2021 20:57	110/87 - 110/87
Heart rate	93 bpm regular pulse oximeter	10-23-2021 20:57	93 bpm - 93 bpm
Temperature	98.6 °F oral (37 C)	10-23-2021 20:57	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	7 numeric	10-23-2021 20:57	7 - 7

More recent vital readings have been recorded

Intake 0.0mL

Output 0.0mL

Net Balance 0mL

More recent vital readings have been recorded

#### Results







Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Abdomen & Pelvis W Dye(74177)

Observation	Interpretation
	<p>CT of the abdomen and pelvis with contrast. Findings: Contrast CT images were obtained through the abdomen and pelvis with contrast. Reformat images were obtained in 2 planes. Total size is 1267.24. 91 cc of Omnipaque 300 was injected intravenously. ICI was performed observing ABOA parameters. Comparison: none. Technical indicators: SVC, pain. Visualized bony areas are intact. The liver, gallbladder, pancreas, spleen, adrenal glands and kidneys bilaterally appear unremarkable. Caliber of the aorta is normal. Urinary bladder is seen normally. Uterus greatly appears normal. Right ovary measures 4.0 cm x 2.8 cm and appears unremarkable. Left ovary measures 5.4 cm x 3.1 cm and shows a cyst measuring 3.7 cm x 2.5 cm. No free fluid or free air is seen. No bowel obstruction/constipation is seen. Appendix appears normal. Small additional lesions containing fat is seen. No fracture is noted. Impression: Abdominal viscera are intact. Left ovarian cyst. No</p> <p>ELECTRONICALLY SIGNED BY SWICH DASH on 10/23/2021 22:02:19</p>







Result Date	10/23/2021 21:33
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Head/Brain Ww/Dye(70450)

Observation	Interpretation
	<p>CT of the head without contrast enhancement (Multiple serial sections were obtained from the skull base to the vertex. Approximately 12 planes were obtained. CT was performed observing ALARA principles. There was no evidence of intracranial hemorrhage or extracranial fluid collection. The ventricles and sulci appear normal. There is no evidence of acute infarction or focal lesion. No fracture is seen. Unenhanced ABC</p> <p>ELECTRONICALLY SIGNED BY NATHAN CHEN on 10/27/2021 21:55:47</p>



**ED Course**

Discussed with pt, no obvious serious injuries seen by radiology on cts and xrays. Also discussed limitations on sensitivity of these imaging techniques and that some serious injuries may be missed. She may need an MRI as an outpt, and to f/u with spine, ortho, and trauma team without fail. Pt acknowledged all of these things and agreed with plan.

10/23/2021

**Medical Decision Making**

None recorded

**Diagnoses**

- strain of back muscle - Onset: 10/23/2021
- strain of neck muscle - Onset: 10/23/2021
- vehicle accident - Onset: 10/23/2021
- headache - Onset: 10/23/2021

Reviewed by JPS/PA (JPS/PA) - 10/23/2021

Reviewed by JPS/PA (JPS/PA) - 10/23/2021

**ED Triage Notes**







movement, air hunger  
respiratory RUL: clear; RLL: clear; LUL: clear; LLL: clear  
cardiovascular capillary refill less than or equal to 3 seconds; pulse regular rate; pulse regular rhythm; peripheral  
pulses palpable (PPP); skin warm and dry  
Cardiac: Rhythm normal sinus rhythm  
JVD absent  
Bruits absent  
Cardiac rub absent  
Murmur absent  
edema absent  
Chest Pain - Severity none  
Gastrointestinal Assessment no deficits noted  
Bruits absent  
Soft soft; x 4 quads  
Non-Tender non-tender; x 4 quads  
Patient Reports normal bowel habits; tolerance of foods; tolerance of fluids  
Patient Denies anorexia; bloating; constipation; cramping; diarrhea; epigastric pain; flatulence; gaseousness;  
hemorrhoids; incontinence; indigestion; intolerance of fluids; intolerance of food; nausea; pain; vomiting  
gastrointestinal bowel sounds normoactive x 4 quads  
No deficits noted; no deficits noted  
Genitalia normal appearance  
Last void date; time; UA obtained in ED for HCG and Micro  
Core assessment: WNL - no abnormal bleeding, no pain; normal bloody show  
Patient Reports: Weakness: none  
Patient Reports: Numbness in: left; right; bilateral: thighs  
Patient Reports: Pain in: Pain scale: 7; duration: 1200; pain back of the neck, back of head, and lower back and  
bilateral thighs  
integumentary no bruising; skin appropriate color for race; skin intact; skin warm and dry  
Pain radiating: notes; thighs to the knees  
Onset: other: 11 to 12 noon  
Duration: intermittent  
Observed behaviors: other: relaxed  
Associated symptoms: none  
Current Management: Xrays ordered, lab drawn, urinalysis  
Unable to use pain scale: other: N/A

#### Problems

No known problems

#### Surgical History

right wrist surgery

#### Home Medications

None Recorded

#### Allergies

NKDA

#### Vaccines

tetanus <5 years

#### Family History

Father - No current problems or disability  
Mother - No current problems or disability

#### Social History

##### Diet and Exercise

What type of diet are you following?: Regular

What is your exercise level?: Occasional

##### Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing?: No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

##### Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No



Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

**Substance Use**

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

**Marriage and Sexuality**

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

**Home and Environment**

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

**Lifestyle**

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

**COVID-19 Vaccine**

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown

VTE SCREENING COMPLETE: No

Gender Identity and LGBTQ Identity

Created by Angela Jones 10/23/2022

Updated by Angela Jones 10/24/2022



**MEDICAL RECORDS AFFIDAVIT**

THE STATE OF TEXAS

COUNTY OF DALLAS

RECORDS PERTAINING TO: Ana E. Vasquez

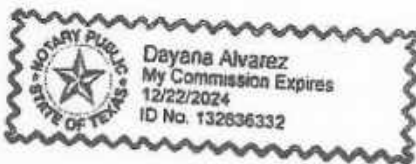
**Date of Birth:** 8 / 01 / 1983

**Dates of Service:** 11 / 23 / 2021

1. I am the custodian of the records, or I am an employee or owner of 2020 X Ray & Imaging and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.
2. Attached are 3 pages of records. These are the original records or exact duplicates of the original records.
3. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth.
4. The records were made by, or from information transmitted by, persons with knowledge of the matters set forth.
5. The records were kept in the course of regularly conducted business activity.

AFFIANT Signature: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4<sup>th</sup> day of March, 2022.



\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission Expires: 12/22/2024



**AFFIDAVIT CONCERNING COST AND NECESSITY OF MEDICAL SERVICES**

**PER §18.001 of the CIVIL PRACTICE AND REMEDIES CODE**

THE STATE OF TEXAS

COUNTY OF DALLAS

RECORDS PERTAINING TO: Ana E. Vasquez

**Date of Birth:** 8 / 01 / 1983

**Dates of Service:** 11 / 23 / 2021

BEFORE ME, the undersigned authority personally appeared **Mohammad Heidari** who, being by me duly sworn, and deposed as follows:

My name is **Mohammad Heidari**. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the person who provided the service or the custodian of records for **2020 X Ray & Imaging**. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that **2020 X Ray & Imaging** provided to the patient on the dates of service referenced above. The attached records are a part of this affidavit.

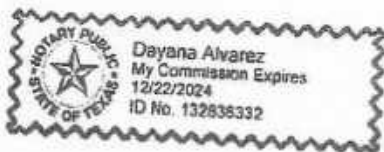
The attached records are kept by **2020 X Ray & Imaging** in the regular course of business, and it was the regular course of business of **2020 X Ray & Imaging** for an employee or representative of **2020 X Ray & Imaging**, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the service was provided.

The total amount paid for the services was \$ 0.00 and the amount currently unpaid but which **2020 X Ray & Imaging** has a right to be paid after any adjustments or credits is \$ **870.00**.

AFFIANT Signature: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4<sup>th</sup> day of **March**, 2022.



\_\_\_\_\_  
Notary Public in and for the State of Texas  
My commission Expires: 12/22/2024





# 2020 X-Ray & Imaging

3201 West Airport Freeway, Ste 104 Irving, TX 75062

P: (972) 252-7246 F: (972) 252-7242

## ACKNOWLEDGMENT

STATE OF TEXAS

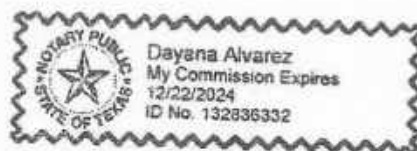
COUNTY OF Dallas

The foregoing **Partial Claims Assignment/Joint Check Agreement**, attached hereto and incorporated by reference was acknowledged before on this 23 day of November, 2021 by

<u>Ana E. Vasquez Flores</u>	<u>[Signature]</u>	<u>Patient/ Parent/ Guardian</u>
Printed Name	Signature	Relationship

SWORN AND SUBSCRIBED TO BEFORE ME, the undersigned Notary Public, on this 23 day of November, 2021

(SEAL)



[Signature]  
Notary Public in and for the STATE OF TEXAS

My Commission Expires: 12/22/2024



**2020 X-Ray & Imaging**

**3201 West Airport Freeway Ste 104**  
**Irving, TX 75062**  
**Phone: 972-252-7246 Fax: 972-252-7242**

**Superbill****Superbill Date:** 03/04/2022**Service** 11/23/2021 thru 11/23/2021**Patient Information**

Ana Vasquez  
 5845 Rancho Dr  
 Quinland, TX 75474

**Payor Information**

**Account:** 4590  
**Date of birth:** 8/1/1983  
**Employer:** Prestonwood Landscape

**Insurance Phone:**  
**Insured ID:**  
**Insurance Policy Group:**  
**Insurance Plan Name:**

**Dx:** (M54.12) Radiculopathy, cervical reg, (M54.16) Radiculopathy, lumbar reg, (M62.838) Other muscle spasm, (M60.9) Myositis, unspecified, (S43.409A) Unspecified sprain of unspecified shoulder joint, initial encounter, (S83.90XA) Sprain of unspecified site of unspecified knee, initial encounter, (S13.4XXA) Sprain of cervical ligts, initl., (S23.3XXA) Sprain of ligts of thoracic spine, (S33.5XXA) Sprain of lumbar ligts, initial, (S33.8XXA) Sprain of other parts of lumbar/pelvis, (R51) Headache

Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
11/23/2021	CSV	72050		1	Cervical Spine - 5 Views 72050	10/23/2021	11	0.00	360.00
11/23/2021	CSV	72070		1	Thoracic - AP/Lat. 72070	10/23/2021	11	0.00	250.00
11/23/2021	CSV	72100		1	Lumbosacral - AP/Lat. 72100	10/23/2021	11	0.00	260.00

**Provider Information**

**Name:** Uchenna Obiuku, D.C.  
**License:** 13456  
**Tax ID:** 84-5062488  
**NPI:** 1275067472

**Total Charges** \$870.00  
**Total Taxes** \$0.00  
**Total** \$870.00



**RADIOLOGY CONSULTANTS – NORTH TEXAS**

5424 Rufe Snow Drive, Suite 502  
North Richland Hills, Texas 76180  
Voice – 817. 572-2560 Fax – 817. 572-2870

SCANNED  
12/03/21  
mhr

PATIENT: Vasquez, Ana

DATE: 12/02/21

DOCTOR: Dr. Mo Heidari

DOB/AGE: 08/01/83

DATE OF FILMS: 11/23/21

COMPLAINT: Neck and back pain

**Radiographic Report**

**Cervical spine (5 views):**

No evidence of acute fracture, dislocation or vertebral body compression. The overall bony mineralization is adequate. The intervertebral disc spaces are maintained and the facet joints are unremarkable. The prevertebral soft tissue spaces and atlantodental interval (ADI) are within normal limits.

**Thoracic spine (2 views):**

No evidence of acute bony injury or vertebral body compression. The intervertebral disc spaces are maintained. The pedicles are intact without osteolytic destruction or congenital absence. The paraspinal soft tissues are unremarkable.

**Lumbosacral spine (2 views):**

No evidence of acute fracture, vertebral body compression or spondylolisthesis. The pedicles are intact without osteolytic destruction or congenital absence. The overall bony mineralization is adequate. The intervertebral disc spaces are maintained and the facet joints are unremarkable. The sacroiliac joints are maintained without arthropathy. There is excessive bowel gas within the colon without evidence of bowel obstruction.

**IMPRESSION:**

1. No evidence of acute fracture or osseous pathology involving the cervical, thoracic or lumbar spine.
2. MRI should be considered if clinical symptoms persist after conservative therapy.

**Postural/biomechanical alterations:**

1. Pelvic unleveling, low on the right.
2. Shallow right thoracolumbar convexity suggestive of paravertebral muscle spasm.
3. Reduction in the overall thoracic kyphosis.
4. Shallow right thoracic convexity apexing at T2-T3.
5. Left lateral list of the cervical spine suggestive of paravertebral muscle spasm.
6. Abnormal straightening of the cervical spine with an early tendency towards reversal.
7. Moderate-severe restriction during cervical flexion with a moderate decrease in extension.

nehnegia

Darrell R. Hobson DC, DACBR

\*\*\*\*electronically signed\*\*\*\*

drh



**AFFIDAVIT OF MEDICAL RECORDS**

**RE: ANA VASQUEZ**

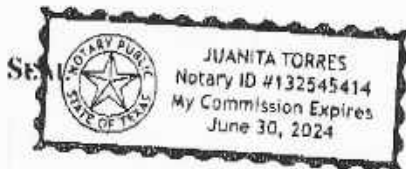
BEFORE ME, the undersigned authority, personally appeared Alexia Espana,  
who, being by me duly sworn, deposed as follows:

"My name is Alexia Espana, I am of sound mind, capable of making this  
affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records for **RADIOLOGY CONSULTANTS- NORTH TEXAS**  
Attached hereto are 1 pages of records from **RADIOLOGY CONSULTANTS- NORTH**  
**TEXAS** These 1 pages of records are kept by **RADIOLOGY CONSULTANTS- NORTH**  
**TEXAS** in the regular course of business, and it was the regular course of business of  
**RADIOLOGY CONSULTANTS- NORTH TEXAS** for an employee or representative of  
**RADIOLOGY CONSULTANTS- NORTH TEXAS** with knowledge of the act, event,  
condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to  
be included in such record; and the record was made at or near the time or reasonably soon  
thereafter. The records attached hereto are the original or exact duplicates of the original."

Alexia Espana  
Affiant

SWORN TO AND SUBSCRIBED before me on this the 9<sup>th</sup> day of May, 2022.



Juanita Torres  
Notary Public, State of Texas

Juanita Torres  
Notary's Printed Name

My Commission Expires: 6/30/2024



**AFFIDAVIT ESTABLISHING NECESSITY AND  
REASONABLENESS OF SERVICES AND CHARGES**

Before me, the undersigned authority, personally appeared Alexia Espanza, being by me duly sworn, deposed as follows:

"My name is Alexia Espanza. I am of sound mind and capable of making this affidavit.

I am the person in charge of the records of **RADIOLOGY CONSULTANTS- NORTH TEXAS** Attached to this affidavit are records that provide an itemized statement of **ANA VASQUEZ** on or after 12/02/2021. The attached records are a part of this Affidavit.

The attached records are kept by me regular course of business. The information contained in the records was transmitted to me in the regular course of business by the person who provided the service or an employee or representative of **RADIOLOGY CONSULTANTS- NORTH TEXAS** who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or an exact duplicate of the original.

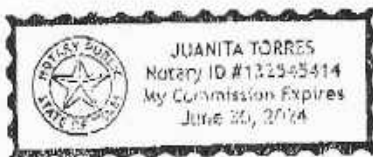
The services provided were necessary and the amount charged for the service was reasonable at the time and place that the services were provided.

The total amount paid for the services was \$ 0, and the amount currently unpaid but which **RADIOLOGY CONSULTANTS- NORTH TEXAS** has a right to be paid after any adjustments or credits is \$ 546.50."

Alexia Espanza  
Affiant

SWORN TO AND SUBSCRIBED before me on this the 9<sup>th</sup> day of May, 2022.

SEAL



Juanita Torres  
Notary Public, State of Texas

Juanita Torres  
Notary's Printed Name  
My Commission Expires: 6/30/2024



**Radiology Consultants-North Texas, PLLC**

5424 Rufe Snow #502  
 North Richland Hills, TX  
 76180  
 +1 8175722560

**INVOICE**

**INVOICE #** R15905  
**DATE** 12/06/2021

**BILL TO**  
 KINDER LAW  
 3701 W NORTHWEST HWY  
 SUITE 304  
 DALLAS, TEXAS 75220

**SHIP TO**  
 KINDER LAW  
 3701 W NORTHWEST  
 HWY  
 SUITE 304  
 DALLAS, TEXAS 75220

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

**RE:**  
 VASQUEZ, ANA

**DOB:**  
 08/01/1983

**DOI:**  
 10/23/2021

DATE	ACTIVITY	QTY	AMOUNT
12/02/2021	<b>72050-26</b> SPINE, CERVICAL; 4-5 VIEWS (C4, C5)	1	216.70
12/02/2021	<b>72070-26</b> SPINE, THORACIC, 2 VIEWS (T2)	1	162.40
12/02/2021	<b>72100-26</b> SPINE, LUMBOSACRAL; 2 OR 3 VIEWS (L2)	1	167.40

REF DR MO HEIDARI

SUBTOTAL	546.50
TAX	0.00
TOTAL	546.50
BALANCE DUE	<b>\$546.50</b>

PROVIDER: DARRELL R. HOBSON DC, DACBR  
 FEDERAL TAX ID#: 81-2975347  
 NPI#: 1609311463



**RADIOLOGY CONSULTANTS – NORTH TEXAS**

5424 Rufe Snow Drive, Suite 502  
North Richland Hills, Texas 76180  
Voice – 817. 572-2560 Fax – 817. 572-2870

**PATIENT:** Vasquez, Ana

**DATE:** 12/02/21

**DOCTOR:** Dr. Mo Heidari

**DOB/AGE:** 08/01/83

**DATE OF FILMS:** 11/23/21

**COMPLAINT:** Neck and back pain

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7. Moderate-severe restriction during cervical flexion with a moderate decrease in extension.

Darrell R. Hobson DC, DACBR

\*\*\*\*electronically signed\*\*\*\*

drh